

Temporary Guardianship Agreement

I, _____, of _____, (print your full name) (street)

(city, state, zip), as the custodial parent of:

List the full names of each child	List each child's birth date

Do hereby grant temporary guardianship of the above listed children to:

List the full names of the individual (s) to whom you are granting temporary custody	List each person's relationship to the child(ren)

Contact information of temporary guardians listed above:

Address: _____

Phone numbers: _____

Statement of Consent: (To be signed in the presence of a legalized notary public.)

I, _____, hereby grant temporary guardianship of the above children, whom I have legal custody of to _____;

From _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

For as long as necessary, beginning on _____
(mm/dd/yyyy)

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make educational decisions for my child/children.

Signature: _____ Date: _____

Signature: _____ Date: _____

INDEPENDENT CONTRACT AGREEMENT

PARTIES

- This Independent Contract Agreement (hereinafter referred to as the "**Agreement**") is entered into on _____ (the "**Effective Date**"), by and between _____, with an address of _____, (hereinafter referred to as the "**Client**") and _____, with an address of _____, (hereinafter referred to as the "**Contractor**") (collectively referred to as the "**Parties**").

GENERAL

- The Client agrees that the Contractor possesses the relevant experience, necessary qualifications and abilities to provide services to the Client.

SERVICES

- The duties of the Contractor towards the Client are listed below:

1. _____
2. _____
3. _____
4. _____
5. _____

COMPENSATION

- The Parties Agree that the Client will compensate the Contractor through the following means:

TERM

- This Agreement shall be effective on the date of signing this Agreement (the "**Effective Date**") and will terminate upon the completion of the provision of the services set forth in this Agreement.

SERVICE AGREEMENT

PARTIES

- This Service Contract Agreement (hereinafter referred to as the "**Agreement**") is entered into on _____ (the "**Effective Date**"), by and between _____, with an address of _____, (hereinafter referred to as the "**Service Provider**") and _____, with an address of _____, (hereinafter referred to as the "**Client**") (collectively referred to as the "**Parties**").

LIST OF SERVICES PROVIDED AND THEIR PRICES

- During the period of this Agreement, the Service Provider shall have the responsibility to perform and provide the following services (hereinafter referred to as "**Services**"):

1. _____ (Price: _____)
2. _____ (Price: _____)
3. _____ (Price: _____)
4. _____ (Price: _____)
5. _____ (Price: _____)
6. _____ (Price: _____)
7. _____ (Price: _____)
8. _____ (Price: _____)
9. _____ (Price: _____)
10. _____ (Price: _____)

- The Services are to be paid for as follows:

Amount at signing of this Agreement: _____
Amount at the completion of the provision of the Services: _____

INVOICES

- The Parties agree that the invoiced amounts must be paid within _____ days after the Client receives the invoice.

TERM OF AGREEMENT