TOP AID
HEALTHCARE, INC
CARE FOR COMMUNITY

Top Aid Healthcare Inc.
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Worcester MA, 01608
Phone 508-343-8555 Fax 508-519-0353
Email Adminassist@Topaidhealthcare.com

Release Of Liability

I,(participant Name) _____ Hereby release, Top Aid Healthcare, INC at 51 Union ST, Worcester Ma 01608 from any and all liability due to injury or damaged to personal property that may arise in the event that I choose to discontinue my participation in the Adult Foster Care (AFC) Program without giving a minimum of 2 week notice of my intent to discontinue services to the agency.

Patient Signature _____ Date _____

Program Director/RN Signature _____ Date _____