

ELDER CARE AGREEMENT

Location: _____ Date: _____

Care Recipient Information:

Full Name: _____

Date of Birth: _____ Social Security No.: _____

Address: _____

Phone/Email: _____

Caregiver Information:

Full Name: _____

Date of Birth: _____ Social Security No.: _____

Address: _____

Phone/Email: _____

Services to be Provided:

The Caregiver agrees to provide elder care services, which may include assistance with activities of daily living such as bathing, dressing, meal preparation, medication reminders, mobility assistance, transportation to appointments, companionship, and other related services as mutually agreed upon.

Term and Termination:

This Agreement shall commence on the date of execution and shall continue until terminated by either party upon written notice. The Caregiver may terminate with a minimum of fourteen (14) days prior written notice. The Care Recipient or responsible party may terminate immediately for cause or with seven (7) days prior written notice without cause.

Compensation:

Care Recipient agrees to pay the Caregiver at the rate agreed by both parties, payable weekly/monthly as specified. Any additional expenses incurred by the Caregiver for approved supplies or travel will be reimbursed upon submission of receipts.

Confidentiality:

The Caregiver agrees to maintain strict confidentiality of all personal, medical, and financial information of the Care Recipient, both during and after the term of this Agreement, except as required by law or with prior written consent.

Liability and Indemnification:

The Caregiver shall perform services with reasonable care and skill but shall not be liable for any injury, loss, or damage unless caused by gross negligence or willful misconduct. The Care Recipient agrees to indemnify and hold harmless the Caregiver against any claims arising from this Agreement except for those due to Caregiver's gross

negligence.

Medical Emergencies:

In the event of a medical emergency, the Caregiver is authorized to obtain emergency medical treatment for the Care Recipient and will notify the designated emergency contacts as soon as practicable.

Governing Law and Dispute Resolution:

This Agreement shall be governed by the laws of the State of _____. Any disputes arising out of or relating to this Agreement shall be resolved through mediation followed by binding arbitration under the rules of the American Arbitration Association, unless otherwise agreed in writing.

Entire Agreement and Amendments:

This Agreement constitutes the entire understanding between the parties regarding the subject matter and supersedes all prior agreements, oral or written. Any modifications must be in writing and signed by both parties.

Severability:

If any provision of this Agreement is determined to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

Signatures:

CARE RECIPIENT OR RESPONSIBLE PARTY SIGNATURE

CAREGIVER SIGNATURE

Signature: _____

Signature: _____

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