



Head of Household

DOB: _____

Service Release Form
Serving Scott, Carver and Dakota Counties

ID# _____

Name: _____

Phone: _____

Address: _____

of Adults _____

City: _____

of Children _____

Service Provided: _____

Service Release

I release Scott-Carver-Dakota CAP Agency, Inc. from any liability resulting from receipt of assistance and further agree to indemnify and hold Scott-Carver-Dakota CAP Agency, Inc. free and harmless against all and any liabilities, damages, losses, claims, causes of action, and suits of law or in equity or any obligation whatsoever arising out of or attributed to any action of personnel in connection with the use of any products, items, or services purchased with the funds provided by a program administered by Scott-Carver-Dakota CAP Agency, Inc.

(Applicant Signature)

(Date)

(Agency Signature)

(Date)