



HRN: 1.3) Peer Recovery Support Participant Manual

HRN PEER RECOVERY SUPPORT: RELEASE OF GENERAL LIABILITY



I, (print name), understand by signing this release I give permission to Hope Recovery Network to provide Peer Recovery Support that is tailored to meet my needs within the requirements of Ohio Mental Health and Addiction Services board, state and federal laws. The services may include, but are not limited to: *social activities, group support, recovery related events, daily living assistance such as shopping for groceries or clothes, assistance scheduling and attending appointments*. HRN Peer Support will also include weekly individual communications and meeting my with HRN Peer Recovery Supporter to work directly on my recovery needs and to follow-up on that progress. My signature also releases Hope Recovery Network and/or any HRN Peer Supporter from any liability for damages, losses, injuries that may result directly or indirectly from these services.

X

Signature of Participant

Date

Signature of Guardian if Applicable

Date

HRN PEER RECOVERY SUPPORT: RELEASE OF TRANSPORTATION LIABILITY

I, (print name), understand by signing this release that I will not hold Hope Recovery Network and/or any HRN Peer Recovery Supporter accountable or liable for any personal injuries, damages or losses that I may incur through the course of Peer Recovery Support that may result from any transportation provided by any HRN Peer Recovery Supporter or their vehicle.

X

Signature of Participant

Date

Signature of Guardian if Applicable

Date

OR I hereby refuse my consent to this "HRN Release of Transportation Liability Agreement." I understand that I will need to provide my own transportation to any Peer Recovery Support related activity or services, including any supplemental trips and events in conjunction with Oak House.

X

Signature of Participant

Date

Signature of Guardian if Applicable

Date

HRN PEER SUPPORTER: RELEASE WITNESS

I (supporter name), attest that by signing this form I have ensured that the listed "Participant" understood the "Release of General Liability" as well as the "Release of Transportation Liability" before signing this document; **OR** if I am unsure of listed "Participant" capabilities and legal permissions required to authorize these releases, that I will collect the designated legal guardian's signature to guarantee the participant's rights are protected, and that this Release remains insolvent.

X

Full Release Witness (HRN Peer Supporter or "other qualified person")

Date