**RESEARCH AND REUNION SERVICES**

**Release of Liability and Agreement to Hold Harmless Form**

In consideration of the services provided and to be provided to me or on my behalf by Catholic Charities, Diocese of Camden, Inc. in connection with my efforts to obtain information about and/or contact with:

1. my biological child
2. my birthparent/s/biological relative; or
3. my child’s biological relative

I do hereby release **Catholic Charities, Diocese of Camden, Inc. and its employees and consultants** from any liability whatsoever now existing or arising in the future, in connection with its efforts on my behalf.

Further, I agree to hold **Catholic Charities, Diocese of Camden, Inc. and its employees and consultants** harmless from any and all claims which may be made as a result of the services and efforts rendered by them on my behalf.

I intend this agreement to be binding upon my executors, administrators, heirs, devisees, assignees and personal representatives.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Phone Number

WITNESSED:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me on this day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed or Printed Name of Notary

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_