



HARVARD HUMAN RESOURCES
Office of Work/Life

Care@Work Pre-Registration and Waiver Form

Register Before You Need It!

In order to use any Care@Work program available through Harvard, you must submit this form. Once the form is submitted, your name and HUID will be added to an automatic file feed that goes to Care.com. Without this form on file, you will not be able to create a Care.com account or use any Care@Work service through your Harvard benefit. Please print and hand-sign this page. Then scan it or take a clear picture of it and email to worklife@harvard.edu. (While email is preferred, fax is also available at 617-495-4124. If you do fax, please email us so we know to look for your form).

Because this process takes 24 hours, we encourage you to submit this form well before you need a Care@Work service.

Name _____ Harvard I.D. _____

Email: _____

Release

The undersigned, (PRINT your name) _____, for good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, does hereby, for the undersigned and anyone claiming through the undersigned, remise, release and forever discharge President and Fellows of Harvard College, its officers, directors, agents and employees (collectively "Harvard") from any and all claims, causes of action, damages or demands whatsoever which the undersigned or anyone claiming through the undersigned may now or at any time have against Harvard in connection with any services provided by Care.com or Care@Work, or any individual or entity obtained by or through Care.com or Care@Work to render services pursuant to a child care and adult care arrangement (together, the "Program") offered by Care.com, Inc., resulting from any cause whatsoever and regardless of fault.

The undersigned acknowledges, for the undersigned and anyone claiming through the undersigned, that Harvard has no obligation or responsibility whatsoever in connection with the selection, approval, training, supervision or other oversight of any individual or entity rendering services in connection with the Program, and does not provide any opinion as to the suitability, safety, experience, history or abilities of any of the providers identified through the Program. The undersigned further acknowledges, for the undersigned and anyone claiming through the undersigned, that Harvard disclaims all warranties, express or implied, including warranties of fitness for a particular purpose, with respect to the Care.com and Care@Work services. The undersigned certifies that the undersigned is at least eighteen years of age and has carefully read and freely signed this Release, that the undersigned understands and agrees that no oral or written representations can or will alter the contents of this document, and that this agreement shall be governed by the laws of the Commonwealth of Massachusetts (excluding its conflict of laws principles).

 Your Signature – *PLEASE HAND SIGN*

 Date

Please print and hand-sign this page. Then email it to worklife@harvard.edu.