

LIFEGUARD HOMECARE

SERVICE CONTRACT AND AGREEMENT FOR PAYMENT

This contract and agreement, dated July 24, 2015 between **Lifeguard Homecare Of Brantford, Ontario**, Hereinafter referred to as 'The Company', and **Telfer Place by Revera, Ontario**, hereinafter referred to as 'The Client'

The purpose of this contract and agreement is to outline professional nursing services to be rendered by The Company to The Client and to outline payments to be made by The Client to The Company.

The Company agrees to provide The Client with the services of professional health care staff, including Registered Nurses and Registered Practical Nurses, and when requested, P.S.W.'s etc. within the set rate schedule as attached upon written or phoned-in request to our office. All staff provided by The Company will be in Good Standing with the College of Nurses where applicable, and have a valid registration certificate. Additionally, The Company will submit, upon request, proof of WSIB and liability insurance coverage

The Company will endeavour to:

- A/ respond to all scheduling requests in a timely and responsive manner
- B/ provide the services of staff best suited to your requirements
- C/ submit overtime requests only upon receiving written approval from an authorized individual from The Client
- D/ Provide proof of insurance, WSIB and proof of registration/license upon request.

The Client agrees to:

- A/ Not recruit or hire our staff within 12 months of their last day of employment with Lifeguard Homecare
- B/ provide one business day's notice for cancellation of shifts for regular shifts, and understands shifts for statutory holiday weekends are deemed 'confirmed' at time of booking . (Schedules on the weekend to Monday night inclusive will be deemed 'set' after 5 pm the Friday prior)
- C/ pay Company invoices within 30 days unless otherwise arranged.

XB
do

D/ accept personnel substitutions deemed necessary by The Company due to staff illness, provided they meet the correct licensing and orientation requirements.

E/ Advise at the time of personnel request if the facility is in a communicable outbreak situation

F/ to *absolve The Company and all of it's employees, directors, officer's and representatives of any and all liability of any kind from any and all claims, actions, demands, damages, liabilities, judicial or administrative proceedings, settlements, losses, costs, expenses, (including, but not limited to, reasonable legal fees and disbursements, litigation related expenses and punitive damages) and ("Claims") in connection with the provision of all services provided by Lifeguard Homecare.*


This agreement is signed at Paris, Ontario, on the

24 Day of July, 2015

Signed by for **LIFEGUARD HOMECARE**

Authorized Signatory for Telfer Place by Revera, (The Client)

Name: Kim Brennan Assistant Executive Director

Signature:  AED

Date: July 24, 2015

I am authorized to sign on behalf of Telfer Place

Witnessed by: 

Name Dian Shannon

Date: July 24/15