



Agreement to Pay Damages Caused by Individual with Disability

This Agreement to Pay Damages ("Agreement") is entered into on this _____ [Date], by and between:

Karina Association Inc

11911 Jenifer Road

Timonium, MD 21093

and

[Name of Individual with Disability]

[Address of Individual with Disability]

[City, State, ZIP Code]

*Collectively referred to as the "Parties."

Background:

Whereas, _____ [Name of Individual with Disability] is a participant/client of Karina Association Inc, and

Whereas, _____ [Name of Individual with Disability] may, in certain situations, cause damages to property or persons due to the nature of their disability.

Agreement Terms:

Acknowledgment of Potential Damages:

Karina Association Inc. acknowledges that, due to the nature of _____ [Name of Individual with Disability]'s disability, there is a possibility of damages to property or persons.

Scope of Damages (please explain):

Damages covered under this agreement include, but are not limited to, accidental breakage of items, unintentional harm to persons, or any other damages caused directly by _____ [Name of Individual with Disability].

Notification of Incidents:

Karina Association Inc. agrees to promptly notify _____ [Name of Individual with Disability] and, if applicable, their legal guardian or representative, in case of any damages incurred.

Assessment of Damages:

The parties agree to assess damages on a case-by-case basis, considering the circumstances surrounding each incident.

Payment of Damages:

In the event _____ [Name of Individual with Disability] is found responsible for damages, _____ [Name of Individual with Disability] or their legal representative agrees to pay for the repair or replacement of damaged items or for any medical expenses resulting from harm to persons.

Payment Plan:

In cases where the immediate payment of damages is not feasible, _____ (Name of Individual with Disability), and Karina Association Inc. may agree upon a reasonable payment plan.

Good Faith Cooperation:

Both parties agree to cooperate in good faith to resolve any issues arising from damages caused by Name of Individual with Disability: _____.

Termination of Agreement:

This Agreement will remain in effect until discharging the individual from the services, unless terminated earlier by mutual agreement of the Parties.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement effective as of the date first above written.

Karina Association Inc

Signature of CEO: _____

Date:

Name of Individual with Disability or their Legal Guardian:

Signature: _____

Date: