



## **Personal Care Attendant (PCA) Agreement**

This form must be completed by a Personal Care Attendant (PCA) working with a Montclair State University student approved for such service by the Disability Resource Center (DRC). **Please initial next to each item to indicate understanding and agreement, and sign at the bottom.**

1. \_\_\_\_\_ (initial) I understand that my employment and services contract is between myself and the student/family/agency for whom I work, and that I have no employment relationship or contract with Montclair State University. In addition, I hereby release the University to the fullest extent permitted by applicable law, from any and all claims or causes of action that could arise in connection with my work.
2. \_\_\_\_\_ (initial) I understand that the employment relationship between myself/my family

