

Application Reference Number: _____

LEGAL WAIVER

in accordance with section 31(3) of the Mother and Baby Institutions Payment Scheme Act 2023

I, [Name] _____

of [Address] _____

- Acting on my own behalf
- Acting through a formal legal arrangement as a support person for _____ *(insert name of relevant person)*
- Acting as the personal representative for the estate of _____ *(insert name of relevant person)*

Tick one above as appropriate

on this date _____ *(insert, day, month, year)* agree:

1. To waive any right of action that I or the above named relevant person may otherwise have had against a public body that arise out of the circumstances, to which my application to the Mother and Baby Institutions Payment Scheme relates.
2. That I shall immediately discontinue any other proceedings instituted by me or in the name of the above relevant person against such public body, that arise out of the circumstances to which this application to the Mother and Baby Institutions Payment Scheme relates.
3. That I am fully aware of the implications arising from waiving and/or discontinuing any right of action or proceedings, as the case may be, against any public body for the circumstances for which I am accepting benefits under the Mother and Baby Institutions Payment Scheme Act 2023.
4. I fully understand(s) the content of this waiver and I sign it of my own free will.

Print Name

Signature

Date

Print Name – Co-Decision Maker*

Signature

Date

*To be completed where Co-Decision Making Agreement is in place.