**SCHEDULE 10 – THIRD PARTY WAIVER FORM**

We (The Provider) hereby agree to waive/reduce the Third Party Contribution in respect of

Service User Name:

Room Number:

The Provider’s Price for the room shall therefore be £ per week

SIGNED by …………………………….. Name ………………………………..

For and on behalf of the PURCHASER (Printed)

Designation……………………………… Date ……………….........................

(Duly Authorised Signatory)

.

SIGNED by ……………………………. Name ……………………………….

For and on behalf of the PROVIDER (Printed)

Designation ………………………………. Date …………………......................

(Duly Authorised Signatory)