



## Guest Agreement and Release of Liability

***THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING***

I understand English (defined as a basic understanding of the language that will enable me to read and follow safety, facility, and operational instructions). If I do not understand English, it is recommended that I be accompanied by a person who understands the language.

### **Standard Length of Stay Restrictions Based on Patient Status: (initial next to all that may apply)**

**Admitted Patients:** Length of stay allows for arrival up to 1 day prior to admission date and departure within 1 day post-discharge date.

**Long-term daily outpatient treatment plan:** As outlined by the Long-term Outpatient Agreement.

**Patients with short-term procedure and appointments:** Arrival and departure dates are determined by Family House staff based on the appointment schedule. Patients are required to provide proof of appointment(s) to ensure length of stay meets the medical necessity criteria. Family House reserves the right to verify the appointment schedule with referral sources.

### **Rate & Payment Information**

I understand that the standard rate is \$40 per night. At any time during my stay, I may provide income information to determine if a reduced rate may be available through the Family Assistance Fund. If family members from multiple households are sharing a room, we will ask for the combined incomes to determine eligibility. If a reduced rate is applicable, the new rate will be effective from the date the form is completed. Payment is required at the time of check-in, unless other payment arrangements have been made in advance. Payment options include cash, check, and credit card. Guests staying for extended periods are required to make a payment at the beginning of each week.

### **Representations, Disclosures, and Affirmations.**

I understand that I must report to Family House staff if I present symptoms of a contagious disease such as, but not limited to, temperature, vomiting, or diarrhea. To ensure the health of Family House and its occupants, I understand that I may be asked to find other accommodations until I have been symptom free for a period of 24 hours.

I have not been convicted of a crime of violence, crime of theft, crime of domestic violence, crime against a child, or a crime involving illegal drugs; I am not required to register on the state's Sex Offender Registry or the National Sex Offender Registry; no one has a civil protection order against me; and I am not currently under probation or on parole.

Patient Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

### **SECU Family House Policies and Procedures:**

- I have been oriented, understand, and agree to comply with the policies of Family House, including but not limited to those outlined in this Agreement.
- Wearing the plastic wristband provided upon registration is a security requirement.
- Keys provided to guests are the property of Family House. These keys are not to be duplicated or given to unregistered guests. If room/door keys are not returned or are lost during my stay, I agree to pay for their replacement (\$10 per set).
- Occupancy of each guestroom cannot exceed four adults in a standard room and two adults in an accessible room at one time. Larger families with more than four people needing accommodations may rotate their stays as long as the number of occupants in the room at one time does not exceed the allowed occupancy guidelines.
- **SECU Family House is a WEAPON FREE facility. \*\***
- **SECU Family House is a SMOKE FREE facility. \*\*** Smoking (including e-cigarettes) or use of any tobacco products, is only permitted in the designated smoking area. I understand that I will be responsible for a cleaning fee of \$100 should I violate the smoking policy.
- **SECU Family House is a DRUG and ALCOHOL FREE facility and campus. \*\***
- Meals should be taken in the kitchen and dining room areas. While individual drinks and snacks are allowed in guest rooms, excess food staples are to be stored in the cubbies and refrigerators provided in the kitchen. Personal food items placed in the personal fridges should be labeled with the patient's last name, your guestroom #, and date.
- Service animals, as defined and directed by the Americans with Disabilities Act, are welcome with their owner. Due to possible allergens and sensitivities of guests, other pets, including those considered therapy or emotional support animals, are not admitted to Family House.
- Guestrooms are checked daily by staff to ensure the rooms are occupied and in good repair.
- If I plan to leave Family House for more than one night during my current stay while I am an eligible guest of Family House, I must inform Family House staff before I leave and let them know when I will return.
- SECU Family House provides an environment that is free from sexual harassment and other types of discriminatory harassment by guests, volunteers, and staff.

### **Duration and Revocability of Accommodations for All Guests:**

\_\_\_\_\_ I understand that I am a guest of Family House and that my access to the premises and lodging with Family House is revocable at any time.

\_\_\_\_\_ I understand that Family House is not a healthcare or childcare facility and neither provides healthcare or childcare nor accepts responsibility for health complications that may develop in guests who stay here.

\_\_\_\_\_ I understand that stays may be limited and that consecutive stays do not constitute tenancy of any kind.

\_\_\_\_\_ I understand that noncompliance with rules and regulations, within the sole and exclusive judgment and discretion of management of Family House, may result in immediate revocation of this Agreement, termination of accommodations, and removal of me and my possessions. \*\*

**Release of Liability**

I, for myself, my heirs, personal representatives and assigns, my caregiver(s), my guests and my invitees (collectively the “Releasing Parties”) do hereby release, discharge and agree to hold harmless SECU Family House, its affiliates, and the respective officers, directors, members, employees, agents, and volunteers of SECU Family House (collectively the “Released Parties”) from any and all claims that we, the Releasing Parties, may have against the Released Parties, of any nature or type whatsoever, including, but not limited to, for any emotional distress, injury or death, or for any damage to our property, arising from our stay at SECU Family House and use of its facilities, whether attributable to the negligence of the Released Parties, or for any other reason, occurring during the time that I am/we are a guest of or on the premises of SECU Family House. This Waiver shall not release liability for the gross negligence or willful misconduct of the Released Parties. I agree to indemnify and hold the Released Parties harmless for any losses, judgments or damages a Released Party may incur, including but not limited to attorney fees, arising out of any lawsuit or claim related to my stay at SECU Family House and/or use of its facilities by the Releasing Parties and/or enforcement of or legal challenge to this Waiver. I am freely and voluntarily executing this Waiver and intend that my signature act as a complete and unconditional release of SECU Family House of all liability to the greatest extent allowed by law, subject to the limitations provided under this Waiver. This Waiver shall be governed by and construed in accordance with the laws of the State of North Carolina.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. No representations, statements, or inducements, oral or written, apart from the foregoing written statements, have been made regarding this Agreement or accommodations at the SECU Family House. My decision to accept accommodations provided by the SECU Family House is voluntary. By signing below, I hereby certify that I have read this entire Agreement, that I understand its terms, that I am giving up legal rights that I might otherwise have, including the right to sue.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Third Party Release of Liability:**

\_\_\_\_\_ I understand that Family House may, at times, make certain third-party service providers (e.g. transportation providers, counselors, health/fitness instructors) available to guests. I understand that Family House does not directly endorse any of these service providers, nor does Family House make any guarantee of services, and **DOES NOT ACCEPT ANY RESPONSIBILITY OF LIABILITY FOR ANY INJURIES OR DAMAGES WHATSOEVER ARISING OUT OF THE GUEST’S USE OF OR INABILITY TO USE THESE SERVICES.** I understand that use of any such service providers is at the sole discretion of the guests. I understand that guests should always consult with their primary care physician before participating in any physical health/fitness exercise.

\_\_\_\_\_ **The address on the photo identification provided is my current address or:**

**My mailing address is:** \_\_\_\_\_  
\_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

If photo identification is not available, please provide the following information: **DOB:** \_\_\_\_\_

**Emergency Contact:**

Please provide contact information for one individual that may be contacted on your behalf in the event of an emergency.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Media Release (initial one)**

**I authorize**  **I do not authorize** SECU Family House to photograph me and to post my photograph and/or written comments provided to Family House on the organization website, in the newsletter, or other written or electronic media, without compensation, for the purpose of promoting Family House.

**Vehicle Information:**

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **State:** \_\_\_\_\_

**I will not have a vehicle during my stay**

**Patient Name:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Staff Verified:** \_\_\_\_\_