



Guest Agreement

During your stay, we require the Guest and your Support Person fully understand and observe the following guidelines.

___ 1. I understand the Hope Lodge is **not a medical facility**. The staff are not medical professionals. Staff will call 911 if you are acutely ill, unresponsive, unable to participate in a decision related to your care, or if the situation appears beyond their assistance. I agree to have a caregiver at all times when my health is tenuous.

___ 2. I authorize the American Cancer Society/Hope Lodge to give/receive information to/from my medical facility as needed.

___ 3. I understand I need to care for myself by maintaining a clean room, common areas of Hope Lodge, prepare my own meals or be accompanied by an adult support person over 16 who can provide assistance. I understand that I may have to consider other arrangements or a different caregiver if the Director at Hope Lodge determines that I require a higher level of care.

___ 4. I understand that Hope Lodge cannot provide transportation to and from treatment.

___ 5. I understand personal expenses including transportation, meals, telephone calls, and miscellaneous personal items will be my personal financial responsibility.

___ 6. I am aware the American Cancer Society/Hope Lodge is **tobacco-free**. I understand I must smoke across Pennsylvania Ave. I may not smoke in the parking garage, gazebo, or anywhere on ACS property.

___ 7. The American Cancer Society/ Hope Lodge prohibits the use of alcohol, illegal drugs, firearms, and other weapons.

___ 8. The American Cancer Society/Hope Lodge will not be held responsible for any lost, stolen, or damaged personal property, including my vehicle.

___ 9. I understand I will reimburse the Hope Lodge for any unusual damage due to actions or negligence on my part, my support person, and my visitors.

___ 10. I understand I may eat in my room only if I am immunosuppressed, on a feeding tube, or too sick to leave my room.

___ 11. I will not use cooking or heating devices in my room.

- ___ 12. I understand I will not hang decorations on my room door or on my walls.
- ___ 13. I understand I will not burn candles or incense in my room.
- ___ 14. I understand I may not eat or sleep in the sunrooms.
- ___ 15. I understand that I am welcome to have visitors here. I am responsible for ensuring my visitors are non-infectious. Children who are visiting must be accompanied by an adult at all times.
- ___ 16. I understand I am responsible for measures to protect myself from infectious scenarios. The Hope Lodge cannot be responsible for my protection. I understand I need to wear mask if needed, follow standard precautions/hand washing, and disinfect areas I will use.
- ___ 17. I understand Hope Lodge staff and volunteers may not sign for medication.
- ___ 18. I understand I will use the biohazard containers provided for all needles and body fluid spills. The Hope Lodge will provide these containers.
- ___ 19. I understand if I am riding in an American Cancer Society vehicle a Seat belt is mandatory.
- ___ 20. I will wear shoes at all times outside of my guest room.
- ___ 21. I will inform staff of extended absence (in-patient, weekends, or home for more than one day between appointments), or change of support person.
- ___ 22. I understand I will give accurate contact information in case the Hope Lodge needs to contact me.
- ___ 23. I understand the Hope Lodge staff and maintenance maintains the right to enter my room at anytime without notice.
- ___ 24. I, _____, hereby authorize the American Cancer Society, High Plains Division, to use pictures taken of me in a videotape, photograph, motion picture and/or testimonial (written words) while I am involved in Hope Lodge activities. I hereby release American Cancer Society, High Plains Division, its agents or employees, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings and causes for which the aforesaid videotape, testimonial, motion picture or photograph likeness may be used pursuant to this Consent and General Release. It is also my understanding that I will receive no compensation for my likeness or testimonial.
- ___ 25. I will abide by the ACS Hope Lodge computer usage policy. No disks or CD's may be used in the Hope Lodge computers. I will not save personal sites to the desk top. I will not download, send, or receive pornographic material.
- ___ 26. I understand if I damage or lose my Hope Lodge key I agree to pay \$50.00.

____ 27. The Hope Lodge has received my \$10 key deposit.

____ 28. Lodging at the Hope Lodge is a courtesy extended at the sole discretion of the American Cancer Society. Such courtesy may be withdrawn if circumstances warrant. Guests, support person(s), and visitors are expected to demonstrate appropriate behavior and follow policies and procedures set by the American Cancer Society's Hope Lodge. Inappropriate behavior includes harassment, violence, a threatening voice, use of tobacco or alcohol on premise, bringing a weapon on premise, destruction of property

____ 29. While I am a guest at Kansas City Hope Lodge I hereby release and discharge for myself, my executor, administrators and assigns, the American Cancer Society, Inc. and its affiliates ("ACS") and Hope Lodge, Including their management, employees and agents, legal representatives or assigns and all person acting under their permission or upon their authority, from all claims of damages, actions and causes whatsoever in any manner arising or growing out of my presence at Hope Lodge.

I hereby warrant that I am of sound mind and legal adult age and have every right to enter onto this release in my own name in the above regard. I further warrant that I have read the above release prior to its execution, and that I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

[FOR MINORS ONLY] If you are under 18 years of age, your parent or legal guardian must sign this Release Form and provide the information requested below. I certify that I am the parent or legal guardian of _____ and I agree that I have read this document completely and I understand its contents before signing.

By signing below, I am agreeing to abide by the above guidelines.

Guest _____ Staff/Volunteer _____ Date _____

Caregiver _____

Caregiver _____

Caregiver _____