

Transplant House of Cleveland

Guest Agreement

Eligibility, Coming, and Going: Overnight lodging is available to patients, their family members, and caregivers only while the patient is undergoing treatment, evaluation, or recovery relating to a solid organ, bone marrow, stem cell transplant procedure or associated surgery pre- or post-care.

Rental Rates: We ask guests to contribute \$50 per day for studio apartments, \$60 per day for one-bedroom apartments and \$75 per day for two-bedroom apartments. Rate reduction is handled on an individual basis.

Release of Liability and Claims: From damages, loss, or injury to self or auto: As a guest of the THoC facility, I hereby release and discharge, for myself, my heirs, my executors, my administrators, legal representatives, and assigns, THoC, including its directors, employees, volunteers, agents, legal representatives or assigns; and all persons acting under their permission or upon their authority (herein, collectively, "THoC"), **from all claims of damages, actions, and causes whatsoever in any manner arising from my stay at the THoC facility.** The foregoing shall apply to me and any minor children in my custody. I further agree that **THoC shall not be responsible for accidents or injury to me, for the loss of any personal property while residing at the THoC facility, or for any damage sustained by my automobile while residing at the THoC facility.**

Contagious disease: I hereby represent and warrant to THoC that, to the best of my knowledge, neither the undersigned, nor anyone staying with me, has been treated for or been exposed to any contagious disease in the past four weeks.

For myself and any of my minor children, I hereby release THoC from any and all causes of action or damages sustained as a result of developing a contagious disease while residing at the THoC facility or afterwards.

In order to protect the other patients staying at the THoC facility, I agree that, in the event that I, or anyone staying with me, is exposed to or develop any communicable diseases, we will immediately inform the manager and await their instruction, which could include, but not be limited to, finding other accommodations or quarantining in the apartment.

Communication with hospitals: Furthermore, I hereby authorize THoC to receive or communicate, any necessary information concerning the patient, from or to any medical institution or personnel.

Use of photographs and information: Unless otherwise expressly indicated by me in writing, by signing below I further authorize THoC to produce and make use of any photographs, slides, or any information regarding the patient, my family, and myself for the purpose of publicizing the services and work of THoC and/or medical institutions, in any event without any compensation to us or retention of any ownership or other rights in such materials by us.

I hereby warrant that I am of sound mind and legal adult age and have every right to enter into this release in my own name and for my minor children.

I further warrant that I have read the foregoing release prior to its execution, and that I fully understand the contents thereof.

By signing this form, I confirm that I understand and agree that, I will conform with the foregoing requirements and the House Guidelines and that, should I fail to abide by the THOC policies and guidelines, including the House Guidelines, I may be requested to move out of the accommodations provided by THoC, and upon that request, I will do so.

This agreement shall be binding upon me and my heirs, legal representatives, executors, administrators, and assigns.

Please sign and date in the appropriate spaces below to confirm your agreement with the terms and conditions above, and also acknowledge that you have received and will comply with all House Guidelines.

Each Patient, Caregiver and adult guest must sign for themselves and their minor children occupying the suite.

PATIENT Name: _____ Date: _____

Sign Name: _____

CAREGIVER Name: _____ Date: _____

Sign Name: _____

(See next page for Guest signatures)

GUEST Name:

Date:

Sign Name:

GUEST Name:

Date:

Sign Name:

NO EXCEPTIONS are to be made to this policy.