



Nationwide Hope Lodge Guest Agreement (for Patients and Caregivers)

I accept the accommodations offered free of charge to me by the American Cancer Society Hope Lodge. In return for the grant of residential accommodations, I agree to the following:

I have been oriented to and understand the rules and regulations regarding the American Cancer Society Hope Lodge, and I agree to comply with them.

I understand that I am a guest of the Hope Lodge staff and that my license (access to premises and use of the Hope Lodge facility) from the staff is revocable at any time.

_____ (Guest's initials)

I understand that the management of American Cancer Society Hope Lodge may require me to be accompanied by a full-time caregiver if, in the opinion of the management, I am unable to properly care for myself on my own. I understand that my caregiver must receive the approval of the management of the American Cancer Society Hope Lodge to serve as a caregiver on the American Cancer Society Hope Lodge premises, and the caregiver must agree in writing to the terms and conditions of this Guest Agreement. If a full-time caregiver is unavailable to me or if the caregiver I select is not acceptable to the management of the American Cancer Society Hope Lodge, or if the caregiver refuses to sign this Guest Agreement, then I will leave the American Cancer Society Hope Lodge and make other living arrangements.

I understand that the American Cancer Society Hope Lodge is not a medical facility, and no medical treatment will be made available to me at the American Cancer Society Hope Lodge.

I accept full responsibility for damage I or my caregiver, guests, or visitors cause to the American Cancer Society Hope Lodge facility, furnishings, or injuries to third parties. I agree to indemnify the American Cancer Society Hope Lodge for all damage caused by me, my guests, or my visitors.

I recognize that the American Cancer Society Hope Lodge and its surrounding grounds are tobacco-, alcohol-, firearm-, and concealed weapon-free. As a result, I agree not to use tobacco products or alcoholic beverages, or possess a firearm or concealed weapon while on the premises or grounds of the American Cancer Society Hope Lodge.

I understand that no food or beverages are allowed in guest rooms.

I understand that no pets (other than preapproved service animals) are allowed in the Hope Lodge facility.



I understand that the American Cancer Society Hope Lodge reserves the right, in its sole discretion, and I hereby grant such permission to the management of the American Cancer Society Hope Lodge, to inspect suites, refrigerators, and freezers.

Occupancy of each suite is limited to two adults.

I have a permanent address (for patients).

I have presented my government-issued photo identification.
_____ (Staff/Volunteer initials)


I agree to stay at the American Cancer Society Hope Lodge only between the start date and end date of my (the patient's) treatment as specified on the referral form submitted by my health care facility. If my treatment is extended, I agree to have my health care facility update my end date on the request form. I understand that the American Cancer Society Hope Lodge is available to qualified guests for a maximum of three months during any given treatment cycle. After this time, I understand that the American Cancer Society Hope Lodge will evaluate my situation with my health care provider to determine if a longer stay is needed.

I have provided confirmation from my health care facility that I am free of any communicable or infectious diseases outlined in the Guest Acceptance Policy. I will notify American Cancer Society Hope Lodge staff and immediately leave the premises if I contract such a disease during my stay.

If I am a patient, I agree to be admitted no sooner than one day prior to treatment initiation and will vacate the American Cancer Society Hope Lodge no later than 24 hours following the completion of my treatment.

If I am a patient and I become hospitalized for any reason while a guest at the American Cancer Society Hope Lodge, I understand that I have three business days (maximum of 10 business days, if space allows) from the first day of my hospitalization to check back into the facility. If after three business days (maximum of 10 business days, if space allows) I am not well enough to come back to the American Cancer Society Hope Lodge, I understand that my room will be vacated and the reservation canceled. I understand that my caregiver may be allowed to stay up to three business days (maximum of 10 business days, if space allows) if I am hospitalized.

I understand that if I plan to leave the American Cancer Society Hope Lodge for more than two nights during my current stay while I'm an eligible Hope Lodge guest, that I must inform the Hope Lodge staff before I leave and let them know when I'll return.



I understand that noncompliance with rules and regulations in the sole and exclusive judgment and discretion of the Management of the American Cancer Society Hope Lodge will result in immediate revocation of this license, termination of residential accommodations, and removal of me and my possessions from the premises.

_____ (Guest's initials)

If at any time I no longer meet the eligibility requirements or if I am admitted on an as-space-allows basis and an eligible patient needs the room, I agree to inform the American Cancer Society Hope Lodge staff and to vacate the facility within 24 hours.

I have disclosed to the American Cancer Society Hope Lodge staff whether I have ever been convicted of a crime of violence, crime of theft, crime of domestic violence, crime against a child, or a crime involving illegal drugs; if I am required to register on the state's Sex Offender Registry or the National Sex Offender Registry; if anyone has a civil protection order against me; or if I am currently under probation or on parole.

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.

I understand I must be able to take care of my personal needs independently of others, and I must be able to perform in accordance with emergency instructions issued at the American Cancer Society Hope Lodge.

If I am a caregiver, I affirm that I am able to stay with and properly care for the patient. My duties may include, but are not limited to, preparing meals, arranging for transportation, and assisting with the patient's health care needs.

I understand that I may be contacted by the American Cancer Society during and after my stay at the American Cancer Society Hope Lodge.

The American Cancer Society cares about your privacy and protects how we use your information. To view our full privacy policy or if you have any questions, please visit us online at [cancer.org](https://www.cancer.org) and click on the "privacy" link at the bottom of the page or call us anytime at 1-800-227-2345.

RELEASE OF LIABILITY

While I am a guest at _____ Hope Lodge (“Hope Lodge”), I hereby release and discharge for myself, my heirs, my executor, legal representatives, 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 persons 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 and participation in any activity at Hope Lodge.

The American Cancer Society or Hope Lodge may, at times, make certain third-party service providers (e.g., counselors, health/fitness instructors, etc.) available to guests. The American Cancer Society or Hope Lodge does not directly endorse any of these service providers, nor does the American Cancer Society or Hope Lodge make any guarantee of services, and does not accept any responsibility or liability for any injuries or damages whatsoever arising out of the guest’s use of or inability to use these services. Guests should always consult with their primary care physician before participating in any physical health/fitness exercise.

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 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 that understand its contents before signing.

I have read, understand, and will abide by all terms in this Guest Agreement and Release of Liability.

_____	_____
Print Name of Patient	Date
_____	_____
Signature of Guest or Parent/Legal Guardian/ or Personal Representative	Date
_____	_____
Print Name of Caregiver	Date
_____	_____
Signature of Guest or Parent/Legal Guardian/ or Personal Representative	Date