

## **Manhattan Friendship House Guest Agreement**

**I understand that the mission of Manhattan Friendship House is to provide a place for guests to stay while their family members are receiving treatment in area hospitals. I understand that I may be asked to vacate my room at any time and for any reason.**

I also understand and agree on behalf of all such persons that Manhattan Friendship House will not be responsible or liable for any loss of or damage to our valuables, motor vehicles, or other personal property from any cause, or for any personal injuries to us, illness, or death even in the event of negligence. I specifically waive any right to seek damages against Manhattan Friendship House for any reason.

I authorize Manhattan Friendship House to receive or communicate any information concerning the patient with any medical institution or personnel.

I understand that my use of the room provided does not create any landlord/tenant relationship, nor does it convey to me any right, ownership, or interest in the room and/or property. I understand that we may be required to leave the room and/or property immediately at any time and for any reason. If I am required to leave but remain on the property, Manhattan Friendship House may take any action required for the removal of myself and/or any member of my party.

I understand that the room being provided is located in a residential building and there are tenants which occupy a portion of the property. As such, I will in no way hinder, disrupt, or interfere with their use and enjoyment of the property during my family's stay.

I understand no animals are allowed on Manhattan Friendship House property except for service animals (ex. seeing-eye dogs).

I understand that, as our landlord, management of Manhattan Friendship House has the right to make random room checks at their sole discretion.

I understand that no one who is currently under investigation by Child Protective Services or other similar agency may stay in Manhattan Friendship House.

No one in our family has been recently exposed to chicken pox nor does anyone in our family have a communicable disease.

In return for the services and accommodations provided by Manhattan Friendship House, I agree that all members of our party, including guests, will abide by the rules of Manhattan Friendship House.

I will cooperate fully with the staff of Manhattan Friendship House in providing them with all information and assistance required to obtain third-party reimbursement (i.e. Medicaid, etc.).

I agree to comply with the attached Guest Rules.

### **Manhattan Friendship House Guest Rules**

1. Smoking or the use of any tobacco product is not permitted anywhere on the property.
2. No hazardous materials, flammable, or toxic materials shall be kept or used on the property.
3. Candles are provided for Shabbat only and shall be in the designated areas of the room(s). No other candles shall be used.
4. Guests shall abide by all local, county, State, and federal laws, rules, and regulations.
5. Food and drinks (other than water) may be stored and consumed **ONLY** in the designated areas. Guests are required to clean up after eating and drinking. This includes, but is not limited to, cleaning the counter area, cleaning the table, etc. Additionally, all common rooms are the responsibility of our guests. Please leave them clean and tidy.
6. When checking-out, please strip all bedding, linens, and towels and place them in the laundry bag provided to you at check-in. You must have your room clean and notify Manhattan Friendship House by telephone at \_\_\_\_\_ that you are checking-out. Keys must be returned to the drop box located at \_\_\_\_\_
7. Any child under fifteen (15) years of age must be supervised at all times.
8. Guests who have been diagnosed with a contagious illness must notify the office immediately. All efforts will be made to make appropriate arrangements.
9. Guests are required to properly handle and dispose of any potentially infectious materials.
10. Guests are required to cooperate fully with the staff in providing all information and assistance required to obtain third-party reimbursement (i.e. Medicaid).
11. In the event that the room will not be occupied or used for a continuous period of 24 hours or more, the guests may be asked to check-out of the room.
12. Quiet hours are from 9PM to 8:30AM. Loud and/or disruptive behavior is not allowed at anytime, however, guests should take special care to be respectful of other guests' and tenants' need for rest and use of the property.
13. Social workers at the hospitals advise Manhattan Friendship House staff if a family is not spending the recommended amount of time with their patient or are, in any way, not caring adequately for the patient. In such instance you shall be required to leave. If there are extenuating circumstances (i.e. the parent has a contagious illness and should not be around the child, etc.), the guest must contact the Manhattan Friendship House staff to advise them of the situation.
14. No visitors are allowed without the prior written consent of Manhattan Friendship House.
15. An appropriate dress code must be maintained at all times. Offensive and/or revealing clothing should not be worn at the property. Guests must be either fully clothed and/or wear a housecoat or robe at all times. Shoes or slippers must be worn at all times. Individuals refusing to comply with the established dress code shall be asked to leave the premises.

16. Use of the property is a privilege and not a right. All guests are expected to abide by the rules of Manhattan Friendship House and any directives of Manhattan Friendship House's management or representatives **AND** to act responsibly and respectfully in all instances which may or may not be outlined in this document. Failure to do so may result in being required to immediately vacate the property based on the sole discretion of management.
17. Manhattan Friendship House reserves the right to charge any and all damage to the property caused by the guests to the credit card provided at check-in.

AGREED AND ACCEPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2013.

WITNESS OR ATTESTED BY:

\_\_\_\_\_

\_\_\_\_\_

Guest Name: