**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Katie’s Cottage Accommodation Agreement**

**Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_(H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Arrival Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 # Adults: \_\_\_\_\_\_\_\_\_ # Children: \_\_\_\_\_\_\_\_\_ Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you hear about Katie’s Cottage?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CHECK OUT TIME IS 10:00 AM**.

Katie’s Cottage is a home away from home for families who have a loved one in hospital who is receiving medical treatment at Boundary Trails Hospital. Katie’s Cottage does not have medical staff on duty at anytime.

Please read and sign, acknowledging that you agree to abide by all Cottage policies during your visit.

**I acknowledge and agree that:**

* Katie’s Cottage can for any reason at its own discretion limit the number of nights lodging provided to a guest or request that a guest vacate the premises. Reasons upon which Katie’s Cottage may make such a request include, **but are not restricted to**:
* carrying of, or exposure to, communicable diseases that may pose a threat to other residents. Disregard for House policies and/or property.
* **If you are eating in the bedroom, please clean up all food, and beverages. Please remove your garbage and food daily. Please remove shoes whenever possible.**
* Parents are responsible for their children’s behavior. **All children under 18 must have a parent or guardian staying with them while they are in the House. NO CHILD CARE IS PROVIDED.**
* A daily towel service will be provided. If you require clean towels, please ask staff.  **NO alcohol, illegal drugs, NO pets are allowed or tolerated on the premises. Smoking and vaping in designated areas outside. No recreational cannabis allowed on the property. Smoking and vaping in designated areas outside.**

**Every effort has been taken to give you a comfortable, clean stay. Please respect ALL guests and the cottage rules. Thank you for your co-operation. Katie Cares Board**

**I understand these policies and agree to abide by them. I understand that I may be asked to leave the Cottage if any of these policies are not adhered to by myself or any member of my family. Violators of these rules will be charged a fine of $200.00. I agree that my liability for this bill not waived and agree to personally liable if the person signing this agreement will pay the full charges.**

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

 **Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guest Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Katie’s Cottage staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SEE IT…BELIEVE IT…. ACHIEVE IT……**