

The Next Chapter Daytime Senior Care & Activities

FREE Guest Pass

Waiver & Release of Liability Form

Guest First & Last Name _____

Guest Address: _____

Guest DOB: _____

Guest SSN: _____

Responsible Party Permission:

This is a *Waiver and Release of Liability* for **Next Chapter Assisted Living, LLC**, and herein after referred to in this a greement as **Next Chapter** .

I understand that as a "guest" using a one-time free guest pass is not considered a registered "participant" of Next Chapter, but rather a "guest" visiting for the day. I hereby give Next Chapter permission for my loved one to be a "guest" and receive assistance with personal care, participate in the activities, meals and other programs hosted by Next Chapter while they visit on their "guest" pass.

Medical Release:

I authorize Next Chapter staff to act on my behalf if medical treatment for my loved one is necessary. In the event of illness or injury to (the "guest"), I authorize Next Chapter to obtain medical treatment for my loved one (the "guest") and authorize medical services to be provided based on the medical information and preferences listed below.

Liability Waiver:

I agree to hold Next Chapter harmless for any injury or medical or other health care problem my loved one (the "guest") may incur during assistance with activities of daily living, participation in activities, meals and other programs hosted by Next Chapter.

I agree to pay all medical cost related to any injury or illness that my loved one (the "guest") may incur during participation in the program. I further agree that Next Chapter shall not be responsible for payment of medical services for my loved one (the "guest").

I INDEMNIFY, HOLD HARMLESS, AND FORFIT THE RIGHT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of being a "guest", whether caused by negligence or otherwise.

I acknowledge that Next Chapter and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity associated with Next Chapter.

Medical Information:

Medical insurance that provides health care coverage for my loved one (the "guest") is listed below. The following is a list of all medical problems, allergies, medications being taken and restrictions due to my loved ones (the "guest") health conditions:

Allergies: _____

Preferred Hospital: _____

Initials	
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Physician Information:

Physician: _____

Phone: _____ Fax: _____

Responsible Party Contact:

Responsible Party: _____ Cell Phone: _____

Relationship to Guest: _____ Other Phone: _____

Medical Care Contacts: List two people that Next Chapter may contact in the event the "guest" requests medical care or Next Chapter determines that the "guest" needs medical care.

Contact Name (1): _____ Cell Phone: _____

Relationship to Guest: _____ Alt Phone: _____

Contact Name (2): _____ Cell Phone: _____

Relationship to Guest: _____ Alt Phone: _____

Video Release: I understand that at Next Chapter, (the "guest") may be photographed or videotaped. I agree to allow my loved one's (the "guest") photos, videos, or films likeness to be used for any purpose by Next Chapter, its producers, sponsors, organizers, and assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY.

Responsible Party, Representative or "Guest"

Date

First & Last Name

Please provide a copy of the following on behalf of (the "Guest"):

1. Driver's License or Photo I.D.
2. Health Insurance Card (Medicare, Medicare Supplement, Advantage, etc.)
3. DNR – Do Not Resuscitate Order (*if applicable*)

Initials	
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