



**Dear Guest,**

**Welcome to Mary Ann Manley House at Atlanta Medical Center!**

**We are so excited that you will be staying with us. We certainly understand the stresses that unforeseen circumstances that has occurred which may have brought you here. It is our job to make sure you don't have to worry about where you will stay.**

**As our guest, please consider this house your "home away from home" We encourage you to take part in all the house amenities, and interact with one another.**

**Thank you for being our guest and we hope that your stay at Mary Ann Manley House at Atlanta Medical Center is a pleasant one. Our doors are open and we are ready to have you as our guest.**

**Please complete the liability and patient consent forms included in this packet and return them to Manley House office. If there is anything that we can do assist you while you are here, please let us know. Feel free to call us with any questions or concerns at 404-265-6800.**

**Sincerely,**

**Adriene Kinnaird  
Director of Cancer Services/Volunteer Services  
Atlanta Medical Center**

**“Mary Ann Manley House”  
518 East Avenue  
Atlanta Ga. 30312**

**REGISTRATION FORM**

**CHECK-IN 2:00PM**

**CHECK-OUT 12:00noon**

Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Home # \_\_\_\_\_  
Cell # \_\_\_\_\_

Adress: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# of People in Family Staying in Room \_\_\_\_\_

Name: \_\_\_\_\_

Contact#: \_\_\_\_\_

Name: \_\_\_\_\_

Contact#: \_\_\_\_\_

Name: \_\_\_\_\_

Type of Car: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_

License: \_\_\_\_\_

Guest Signature: \_\_\_\_\_

Guest Signature: \_\_\_\_\_

Managers Signature: \_\_\_\_\_

Patients Information:

Name of Patient: \_\_\_\_\_

Doctor: \_\_\_\_\_

Hospital: \_\_\_\_\_

Doctors Number: \_\_\_\_\_

**In case of Emergency  
Contact: Adriene Kinnaird at  
Office 404-265-6800 Fax 404-265-6868  
320 Parkway Drive  
Atlanta Ga. 30312**

**A Donation of \$10.00 per Night is REQUESTED!**

**20 Consecutive Nights is the Maximum Stay, permitted per Family**



## **STATEMENT OF LIABILITY**

**The Mary Ann Manley House at Atlanta Medical Center in Atlanta, Georgia is pleased to welcome you as a guest. We trust your stay with us will be a pleasant one.**

**The staff and volunteers who developed the concept of the Manley House worked very hard to design a home in which the furnishings would make your stay more comfortable and comforting. To ensure that future guests may continue to enjoy the House, we are resolved to protect our building and its contents from damage and loss. We expect all of our guests and their companions to share in this commitment.**

**As we expect all of our guests to pay for any repair or replacement, we ask you, in order to protect yourself from unjustified claims, to carefully inspect your room and its contents immediately upon arrival. If you find any damage other than that of normal wear and tear from any responsibility for prior damage.**

**It is a condition of your acceptance as a Manley House guest to agree to reimburse Atlanta Medical Center for any damage (deliberate or accidental) caused by you or your companions. Your signature confirms that you have read this Statement of Liability and that you understand and accept this responsibility.**

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**Guest Signature**

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**Date**

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**Guest Signature**

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**Date**



### **ACKNOWLEDGEMENT**

I understand the Manley House provides NO MEDICAL SERVICES. My stay at the Manley House is a courtesy extended to my family and me by Atlanta Medical Center. I understand that I assume NO rights of tenancy under Georgia law by virtue of my temporary residency at the Manley House. I have been shown where the First Aid Kits are located. I have been informed of the Guidelines and have been given a copy to use as a reference. I agree to abide by these Guidelines and will cause my guest and visitors to do the same. I acknowledge that failure to abide by the guidelines may detract from the spirit of friendship and cooperation the Manley House community and may result in my being required to leave.

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**Staff**

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**Guest Signature**

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**Date**

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**Guest Signature**



## MANLEY HOUSE GUEST AGREEMENT

1. I have read and agree to follow Manley House at Atlanta Medical Centers rules and regulations and will be responsible for my guests doing the same.
2. I have been given a copy these rules and regulations to use as a reference.
3. I understand that Atlanta Medical Center staff has the right to ask me to leave at any time for failure to follow these rules and regulations.
4. I understand the Manley House is smoke-free facility and that smoking sites are located outside and rear of the home.
5. I have been informed of the medical emergency procedures.
6. As a guest, you are expected to keep your room neat and clean and abide by The Mary Ann Manley House rules
7. I have been informed of other emergency procedures such as evacuation due to fire or other natural disasters.
8. I hereby indemnify and hold absolutely harmless the Manley House staff, volunteers, Atlanta Medical Center as well as staff officers, directors, trustees, agents for any loss, damage, illness or injury to me, or any loss or damage to my personal property (including my personal vehicle), which may occur as a result of my being a guest at the Mary Ann Manley House.

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**Guest Signature**

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**Date**

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**Guest Signature**

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**Date**

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**Manley House Staff Signature**

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**Date**

**All Guest Must Sign this Sheet in Order to Stay at The Mary Ann Manley House**  
**The Mary Ann Manley House**  
**Covenant Not to Sue and Indemnity Agreement**

Know all men by these present that the Undersigned(s), for and in consideration of the furnishing by Atlanta medical Center (hereinafter referred to as the "Company"), employees, contractors and agents of the Company, of lodging at the certain house located at 518 East Ave. Atlanta, Georgia 30312 (hereinafter referred to as the "House), and for other consideration, the receipt and adequacy of which is hereby acknowledged the Undersigned, individually and for his or her estate, successors, and assigns, gives and enters into this Covenant Not to Sue and Indemnity Agreement with the Company.

The Undersigned does hereby covenant with the Company that Undersigned, in either a representative or individual capacity, shall never sue anyone or more of the Company and their employee's agents, contractors or directors, in law or in equity, and shall ever cause a lawsuit to be brought in law or in equity for or on account of any and all claims, demands right and causes of action of what so ever kind, known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, thereof, theft of property, including any all acts and/or omissions, negligent or otherwise, on the part of or committed by the Company or any of their employees, agents, contractors or directors, occurring during the Undersigned's sojourn at the House.

Further, the Undersigned agrees to indemnify and save and hold harmless the company and their employees, agents, contractors or directors from all claims, demands, costs, loss of services, expenses, and compensation arising from or on account of any and all claims, demands, rights, and causes of actions of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, theft of property, including any and all acts and/or omissions, negligent or otherwise, on the part of committed by any one or more of the Company or any of their employees, agents, contractors or directors occurring during the Undersigned's sojourn at the House.

Further, the Undersigned agrees to indemnify and save and hold harmless the Company and their employees, agents, contractors or directors from all claims, demands, costs, loss of services, expenses and compensation arising from or on account of any all claims, demands, rights, and causes of actions of whatsoever kind and nature, arising from, and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, theft of property, including any and all acts and/or omissions, negligent or otherwise, on the part of our committed by the Company or their employees, agents, contractors or directors, or any of them, resulting from sojourning at the House, incurred by the Undersigned or any individual(s) invited by the Undersigned or whose presence at the House is the result of some activity initiated by, and /or communication and/ or direction from, the Undersigned.

**THIS COVENANT EXPRESSLY WAIVES AND RELINQUISHES ANY CLAIM FOR NEGLIGENCE AGAINST THE COMPANY AND THEIR EMPLOYEES, AGENTS, CONTRACTORS OR DIRECTORS BY THE UNDERSIGNED WHICH MIGHT ALLEGEDLY ARISE AS A RESULT OF SOJOURNING AT THE HOUSE.**

**THIS IS A CONTINUING COVENANT NOT TO SUE AND INDEMNITY AGREEMENT AND SHALL APPLY AND BE IN FULL FORCE AND EFFECT AT ANY TIME, AND FROM TIME TO TIME, WHEN THE UNDERSIGNED SOJOURNS FOR ANY AND ALL PERIODS OF TIME AT THE HOUSE**

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Guest Signature