



LIABILITY RELEASE FORM

I, _____ enter of my own free will into the following agreement with the Hannah's House Program.

1. I have had the rules of the house clearly explained to me and agree to abide by them.
2. I understand and agree that Hannah's House shall incur no liability in the event that I fail or refuse to stay in the home.
3. I agree I will vacate Hannah's House within 48 hours, or sooner if deemed necessary, upon the request of staff or any Hannah's House representative.
4. I agree that in accepting shelter from Hannah's House, I will in no way hold them responsible or liable for:
 - a) any debts, personal injuries, losses through fire or theft which may result of my association with them while I am in or about the premises.
 - b) any complications relating to my pregnancy, labor, delivery or any other aspect of my association with them.
5. I grant permission for any staff or representative of Hannah's House to inspect my belongings at any time and remove from them any liquor, drugs or medication.

Applicant
(MUST BE SIGNED **IN FRONT** NOTARY)

Date

Notary

Date