

To: Amschwand Sarcoma Cancer Foundation (Houston, Texas) and the Directors, Staff and Volunteers of the Amschwand Sarcoma Cancer Foundation and the Shared Families Program

The undersigned has/have applied through the Amschwand Sarcoma Cancer Foundation (ASCF) Shared Families Program, for guest accommodations to be furnished to the undersigned and his, her, or their minor children at the Equinox Apartments (the property) located at 2950 Old Spanish Trail in Houston, Texas during the hospitalization and/or treatment/diagnostic testing for:

Patient name: _____ Hospital: _____

The undersigned has/have been provided information on the property and short-term housing program and ASCF has agreed to furnish such guest accommodations. The undersigned recognize(s) that any donation(s) to ASCF, which the undersigned may have made, represent only a small portion of the value of accommodations offered.

Accordingly, in order to furnish guest accommodations to the undersigned and on behalf of any minor children of the undersigned who will share the accommodations, the undersigned hereby voluntarily assume(s) all risks of accident, injury to the person or damage to personal property arising out of or in connection with occupancy of the said accommodations or the furnishings thereof, including without limitation, any injury or damage occurring for any reason in or upon the real estate owned, leased or occupied by ASCF at the aforesaid address.

The undersigned for himself, herself or themselves, and on behalf of the said minors, hereby remise(s) and release(s) and forever discharge(s) ASCF, its Directors, Staff and/or Volunteers to whom this release is addressed. The undersigned release(s) each member and every director or similar fiduciary thereof and their respective officers, agents and/or employees from any and all demands, actions, causes of actions, suits, claims and/or liabilities whatsoever arising out of or in connection with any event, occurrence or incident set forth in the preceding paragraph whether caused by the negligence of any of the parties so released or otherwise.

The undersigned hereby further agree(s) to indemnify, hold harmless and defend any and all of the said addresses against any and all such claims or liabilities asserted against them or any of them by third persons by reasons of any acts or omissions of the undersigned or his or her minor children or animals occurring during the period that the said accommodations are being furnished.

Anticipated Move-in Date

Anticipated Move-out Date

Guest Signature

Guest Signature

Guest Address

Guest Address

Date of Signing

Date of Signing

Signature of every person, except minor children, offered and/or accepting Hospitality accommodations must be provided. If necessary, please provide additional names, addresses and signatures on back.

If one adult guest is alone in the above accommodations, please provide an emergency contact and phone number for that guest.

Emergency Contact Name: _____ Phone Number: _____