CHESTER HAVEN
RECOVERY CENTRE

INDEMNITY 002

I, _____ the undersigned declare that I have willingly committed to stay at Chester Haven Recovery Centre for a period of 21 days up to three months to receive help with an alcohol and or drug addiction.

I accept that Chester Haven Recovery Centre is not liable for any loss or damage to my personal property during this period. Furthermore I agree that although the committee of the Chester Haven Recovery Centre will do everything in their power to assist me with my recovery process they are not liable to any side effects to my person.

I confirm that I am 18 years or older.

I do undertake to follow all the rules and guidelines of Chester Haven Recovery Centre as they have been explained to me. Failure to do so may result in a request to leave the center.

ANY MONEY PAID AT ADMITTANCE OR DURING YOUR STAY AT CHESTER HAVEN RECOVERY CENTRE IS NON-REFUNDABLE REGARDLESS OF WEATHER THE ADMITTED PERSON LEAVES IN 24 HOURS OR THREE DAYS. THE MONEY IS FORFEITED.

Patient name: _____

Admission date: _____

Person responsible for payment: _____

Admissions officer: _____