

**AGREEMENT TO FOLLOW ECOC POLICIES &
EMERGENCY CONTACT INFORMATION**

PLEASE READ, SIGN & DATE

Your Reservation Request WILL NOT be processed without this form!

I/WE understand and agree that:

- 1) I and any person named in this application can function independently or with a minimum of assistance provided by an accompanying caregiver. This means I *am able to* perform the six **Activities of Daily Living** which are: eating, bathing, dressing, toileting, transferring (walking) and continence.
- 2) I and any person named in this application is capable of self-preservation, physically and mentally, to be in residence and capable of evacuating the building without the use of an elevator.
- 3) Accommodations at the ECOC are ‘community living’ and that I/we will do our part to help keep the kitchens clean, neat and orderly. We will also leave our room neat and clean upon our departure, so the ECOC rates can remain affordable. *Room and kitchen assignment may change.* Guests who do not clean their accommodations will be assessed a cleaning fee, due upon receipt.
- 4) I and any person named in the application will purchase the appropriate full cost gate pass for the duration of our stay at the ECOC on the grounds of Chautauqua Institution.
- 5) Tobacco, illegal drugs and candles are **not** permitted in or around the Shaw House, the Bird-Werner House or the Westervelt House.
- 6) Wine may be consumed in the kitchens of the Shaw House, Bird-Werner House and Westervelt House, but **not** on the porches and around the buildings.
- 7) I/we will inform the REGISTRAR *immediately* if I/we decide to cancel or reschedule my/our reservation.
- 8) I/we agree to abide by all the policies and procedures set forth in the ECOC General Information sheet (when it becomes available) including any change in guidelines which are subsequently posted.

Signature

Date

Signature

Date

EMERGENCY CONTACT – Name: _____ Phone # _____

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