

ACCOMMODATION USE GENERAL CONSENT FORM

Form Number: RA-8 Revised: 26-Nov-2018

PLEASE SIGN AND FAX OR EMAIL TO:

Rural Housing Coordinators

accommodation@rhpap.ca

FAX: 780-423-9917

Rotation: _____ **Location:** _____ **Date of Rotation:** _____

I, _____, hereby consent to fully comply with the Rural Accommodation Policy and Accommodation Information and Regulations ("Form RA-4") of Alberta's Rural Health Professions Action Plan are currently in place and as may be amended from time to time. The current Form RA-4 is available on the RhPAP web site. I acknowledge receiving a copy of the Form RA-4 and confirm that I have had the opportunity to review and discuss the contents.

Initial: _____

In addition, I hereby consent to comply with any and all municipal, provincial and federal statutory provisions, rules, bylaws and regulations and the rules and regulations of the owner, landlord or property management company (collectively, the "Owners") of the accommodation that I am occupying for the duration of my rural rotation (the "Accommodation"). I acknowledge that I have received a copy of the Owner's rules and regulations (if applicable). Such Owner rules together with Form RA-4, are collectively referred to as the "RhPAP Rules".

Initial: _____

I acknowledge and agree that I shall not use the Accommodation for any purpose other than as residential premises, and that I shall not lease the Accommodation to any other individual and that only my immediate family members may stay in the Accommodation (immediate family members being defined as my current spouse and children). I will inform the RhPAP in advance of any immediate family members that may be staying in the Accommodation (see space provided below) as per the RhPAP Rules.

Initial: _____

I acknowledge and agree that no pets shall be allowed in the Accommodation without the prior written consent of the RhPAP, which consent may be withheld at the discretion of the RhPAP. I also acknowledge that due to accommodation congestion, I may be asked to share the accommodations I am assigned to.

Initial: _____

I acknowledge and agree to indemnify the RhPAP for any and all damage or liabilities caused to the Accommodation during my stay. I acknowledge and agree that if the Accommodation is not clean, in good condition or in the condition that the Accommodation was provided to me and required to be maintained in accordance with the RhPAP Rules upon the completion of my stay (excepting only reasonable wear and tear), the RhPAP may invoice me for the cost of cleaning, replacing or repairing any lost or damaged items and I shall promptly pay for or reimburse the RhPAP for such costs. I will promptly inform the RhPAP of any accident that causes damage to the Accommodation as well as any vandalism, and any break or defect in any of the utility systems servicing the Accommodation.

Initial: _____

I acknowledge and agree to notify the RhPAP of any vacancy of my accommodation longer than 1 week and understand that vacancy checks may be conducted during that time frame. I further acknowledge and agree that the RhPAP may, at any time, terminate my stay in and use of the Accommodation, at its sole discretion, upon which time I agree to deliver vacant possession of the Accommodation to the RhPAP.

Initial: _____

I acknowledge and agree that the RhPAP shall not be responsible or liable in any way whatsoever for any damage or loss to my personal property during my stay in the Accommodation or any time thereafter, and that I am responsible for obtaining insurance coverage of my personal property. I acknowledge and agree that upon termination of my stay in the Accommodation, any of my personal property left in the Accommodation will be deemed to be abandoned by me and that the RhPAP may dispose of such abandoned personal property at its discretion.

Initial: _____

Dated this _____ day of _____, 20____.

Signature: _____

Visitor(s) that will/ may be with me during my stay in the RhPAP accommodation:

Name: _____ Relationship to you: _____ Dates: _____

Name: _____ Relationship to you: _____ Dates: _____

Name: _____ Relationship to you: _____ Dates: _____