



### Financial Relief for Victims Emergency Lodging Agreement

This Emergency Lodging Agreement (“Agreement”) outlines the South Carolina Victim Assistance Network’s (“SCVAN”) emergency lodging policies that the Hotel Guest (“Guest”) must adhere to regarding their hotel stay. If at any time after the signing of this Agreement the Guest does not comply with one or more of these terms, the South Carolina Victim Assistance Network reserves the right to immediately terminate lodging for the Guest.

By initialing below, I verify that I have read and understand each item and will comply with the Agreement terms.

- \_\_\_ The Guest cannot stay beyond the stated check-out date and must adhere to hotel check-out times and other hotel policies.
- \_\_\_ Damage or destruction of hotel property may result in immediate termination of the stay. **The Guest will be charged the full amount for repair, restoration, or replacement of property and shall be solely responsible for payment thereof.**
- \_\_\_ The Guest shall not violate the hotel’s smoking policies. If the policy has been violated, all related expenses will be billed to the Guest, and they shall be solely responsible for payment thereof.
- \_\_\_ For safety reasons, the Guest is strongly advised not to disclose their room number or hotel presence to anyone other than the appropriate law enforcement or service provider.
- \_\_\_ No phone calls, video rental, food purchases (or any other incidentals) are to be incurred and charged to the hotel account. The Guest shall be solely responsible for any purchases made and shall be required to pay them in full prior to checkout.
- \_\_\_ The Guest shall hold harmless and indemnify SCVAN against any and all liability that may result from the Guest’s non-compliance with this Agreement.

I acknowledge that if I violate any of the terms that SCVAN may charge my credit card or send a bill to my address for full payment.

Guest name (printed):	Guest Signature
Guest Credit Card Information:	
Guest Billing Address:	
VA name (printed):	VA signature:
VA/ Guest Email Address:	Date:

\*A Copy of this executed document will be sent to VA and Guest email address. If Guest does not have an email address, copy will be provided to the VA and it will be their responsibility to provide a copy to the victim.