

LINCOLN HILL MANOR

53 Lincoln Street Spencer MA 01562
(508) 885-3338

Memorandum of Understanding Unsecured Facility

We _____ understand that _____ has been accepted for admission at Lincoln Hill Manor Rest Home on ____/____/____ and that Lincoln Hill Manor is not a secure or locked facility. If a resident leaves the facility without permission or an escort Lincoln Hill Manor is not responsible for their safety.

I understand and agree to indemnify and hold harmless Lincoln Hill Manor Rest Home for any claim for negligence arising out of activities or malfeasance of its agents, servants, or employees in connection with any event(s) during the period of unsupervised walks.

Signed

Date ____/____/____

Guardian (if applicable)

Date ____/____/____

Lincoln Hill Manor Rest Home Representative

Date ____/____/____