



Métis Nation-Saskatchewan (MN-S) Medical Travel Program Amendment

Hotel Accommodations Disclaimer and Liability Statement



Disclaimer of Liability

I, _____ agree to abide by all hotel rules and regulations provided by the hotel set forth at the time of check in _____. I acknowledge that I may be liable for any incidental costs and damages I have caused or by any persons staying or visiting with me. Should any invoice following my stay be received by MN-S, I acknowledge that I may be responsible for the charges incurred including incidentals (telephone, food, beverage, TV rentals, etc.) and other charges or damages, with the potential of limitations or suspension from future MN-S Medical Travel Assistance Program support. I acknowledge that if I do not check in on the requested date without sufficient notice, I may also be responsible for any incurred no show fees. MN-S must be notified with at least 48-hours' notice of cancellation to avoid a no-show fee.

By providing my consent, I acknowledge I will adhere to the responsibilities and requirements brought forward by MN-S Ministry of Health for hotel accommodations booked on my behalf.

Signed: _____ Date: _____

