



# THE TERRACES AT SKYLINE

## MASTER RESIDENT AUTHORIZATION

Resident Name (s): \_\_\_\_\_ Date: \_\_\_\_\_

Apt#: \_\_\_\_\_

(PLEASE INITIAL) I ACKNOWLEDGE THE FOLLOWING:

- \_\_\_\_\_ Housekeeping Employees will enter my apartment for cleaning and scheduled projects.
- \_\_\_\_\_ Building & Grounds Employees will enter my apartment for scheduled maintenance, and/or repairs.
- \_\_\_\_\_ Other Employees will enter my apartment in response to emergency response system.
- \_\_\_\_\_ A photograph will be taken of me for The Terraces at Skyline records.
- \_\_\_\_\_ Fire Department and assigned employees will enter in the event of an emergency.

YES NO I AUTHORIZED THE TERRACES AT SKYLINE TO:

- \_\_\_ \_\_\_ Publish my phone number in the Resident Directory.
- \_\_\_ \_\_\_ Permit other persons to photograph me for The Terraces at Skyline's in-house publications.
- \_\_\_ \_\_\_ Sign for packages (with the exception of prescriptions) delivered to me. I understand and acknowledge that I will be notified of its arrival, and I will not hold the signer responsible for its ultimate delivery to my apartment.

### VISITORS WHO MAY BE ADMITTED:

I/WE authorize representatives of The Terraces at Skyline to admit the individuals listed below to my apartment in the event of our absence or transfer to a health care facility. This authorization will not be affected by my disability, and I will hold Community Name and its employees, agents and affiliates harmless from any claim or liability in admitting these visitors to my apartment home.

Visitor Name

Relationship

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

### NOTIFICATION OF HOSPITAL ADMISSION:

- I do authorize The Terraces at Skyline to inform callers and/or visitors should I be admitted to a hospital.
- I do not authorize The Terraces at Skyline to inform callers and/or visitors should I be admitted to a hospital.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_