



WINDS Recovery House

Women Integrating New Directions in Sobriety

P.O. Box 212
Grafton, Wisconsin 53024
262-444-1201
www.windsrecovery.org

Terms and Conditions

I have read and agree to the WINDS Recovery House Inc. policies, procedures and all admission requirements. I assert that I have read and fully understand all WINDS house standards, drug testing policies, housing fees and non-refundable fee information and agree to those house regulations as outlined.

I understand that WINDS Recovery House Inc. is not responsible for any possible relapse or emotional/physical distress that can occur during early stages of sobriety, nor will WINDS be held responsible for any such relapse or distress that could occur in my early recovery period.

I understand that WINDS Recovery House Inc. is not a licensed treatment center and does not offer medical staffing, counseling or therapy to WINDS residents. I understand that WINDS Recovery House Inc. offers methods for healthy living that do not guarantee sobriety or a life that is completely free from challenges or difficulties.

I agree that any and all personal belongings left on WINDS Recovery House Inc. property for more than a 7-day period following my discharge from WINDS, whether my discharge is at the request of WINDS Board of Directors or at my own discretion, becomes the property of WINDS Recovery House Inc. By signing this contract I agree that WINDS Recovery House Inc. has the right to dispose of said belongings in any way the Board of Directors may see fit.

I will not hold WINDS Recovery House Inc. legally, morally, emotionally, financially or in any form responsible for anything that occurs while residing at WINDS. I understand and agree that WINDS Recovery House Inc. and anyone affiliated with them at the time of any possible incident, whether employed or not employed by WINDS Recovery House Inc. is not responsible for any injury, death or harm done to any resident or by any resident. I understand that WINDS Recovery House Inc. is not responsible for any lost or stolen property.

I agree that any and all payments made to WINDS Recovery House Inc. are 100% non-refundable.

I understand that WINDS Recovery House Inc. reserves the right to ask any resident to leave for not following house regulations and safety statutes at all times. I also understand that WINDS Recovery House Inc. is a community based, transitional sober living home where I have voluntarily decided to reside.

I affirm that all the information I have given to WINDS Recovery House Inc. is completely true and accurate to the best of my knowledge.

Applicant's Signature

Date

Payor Signature (If Different from Applicant)

Date

Signature of WINDS Representative

Date