

# Kenricia Hotel

## CHECK OUT FORM

Date: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Amount Refunded: \_\_\_\_\_

Amount Deducted: \_\_\_\_\_

### Description of Damages

Damages	Cost	Labor	Housekeeping	Amount
		Minus Security Deposit Paid		
		TOTAL DUE / REFUND		

### Waiver of Liabilities:

By signing this Check Out Form, you hereby confirm and agree that the Kenricia Hotel is no longer indebted to you and that all accounts are hereby closed and void. You understand hotels are exempt from, and are not regulated by the Ontario Residential Act, and hereby waive any rights under the Ontario Residential Act and will hold the hotel harmless from any claims future, past or present from any and all court of laws, including but not limited to the Ontario Residential Act, Ontario InnKeepers Act and the Ontario Small Claim Court. You hereby waive any and all claims for any other monetary compensation, and release, discharge and agree to save harmless the Kenricia Hotel, its heirs, legal representatives or assigns, and any and all persons functioning under its permission or authority, or those for whom it is functioning, from any liability or claims. You have read the above authorization, release and agreement, prior to its execution; You fully understand the contents thereof. This agreement shall be binding upon you and your heirs, legal representatives and assigns

Guest: \_\_\_\_\_ Date: \_\_\_\_\_

Guest: \_\_\_\_\_ Date: \_\_\_\_\_

Hotel: \_\_\_\_\_ Date: \_\_\_\_\_