



At Your Service...

Contact Us: personalassistants@sparrow.org
517-364-4SPA

Membership Registration

Name: _____ Position: _____
 Associate Number: _____ Department: _____
 Work Phone: _____ GroupWise Email: _____
 Pager # _____ Home Email: _____
 Driver's License # _____ Campus: _____

Home Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ DOB: ____/____/____
 (month) (day)

AUTO SERVICES INFORMATION *OPTIONAL*****

Your vehicle information will be needed to guarantee efficient service with our auto vendors when you request this service, this may be done now or at a later time.

1st Car Make: _____ Model: _____ Color: _____
 Year: _____ License # _____

2nd Car Make: _____ Model: _____ Color: _____
 Year: _____ License # _____

METHOD OF PAYMENT FOR SERVICES RENDERED

The "Sparrow Personal Assistants" service is being offered as a benefit for the Associates of Sparrow Health System. **This service is available to you free of charge.** The only payment that you will be required to make is for the outside product or service that you are requesting. Please select the payment method that you prefer to use for these products/services.

I prefer to pay cash/check up front every time I use the service.

Please file this credit card to use for services rendered.

Type of Credit Card: Visa MasterCard American Express Discover
 Credit Card Number: _____
 Exp. Date: ____/____ 3 or 4 Digit Verification Number: _____
 Credit Card Billing Address: _____
 City _____ State _____ Zip _____



At Your Service...

Contact Us: personalassistants@sparrow.org
517-364-4SPA

CREDIT CARD: I authorize Sparrow Personal Assistants to use the above information to charge my credit card for the goods and services that they provide on my behalf and with my prior authorization. When my credit card expires, or if no longer available for use, I will promptly update Sparrow Personal Assistants with a new credit card or a new expiration date if using the same credit card.

CASH/MONEY ORDERS: I may pay for services with a money order for the exact amount.

CONFIDENTIALITY: Sparrow Personal Assistants agrees that any personal information provided to it, specifically including a driver's license number and credit card numbers, will be treated as highly sensitive information that will be kept strictly confidential and will not be used in any way other than the purpose for which it is provided. Sparrow Personal Assistants further agrees to take suitable measures to prevent unauthorized disclosure of sensitive information to third parties or prevent unauthorized access to sensitive files or other like areas that have the potential for access by third parties.

WAIVER: I hereby acknowledge that Sparrow Personal Assistants may provide me with referrals to vendors and other third parties that provide goods and services. SPARROW PERSONAL ASSISTANTS MAKES NO REPRESENTATIONS OR WARRANTIES WITH REGARD TO THE QUALITY OF THE GOODS OR SERVICES OF ANY VENDOR OR THIRD PARTY AND HEREBY DISCLAIMS ALL LIABILITY ARISING FROM THE USE OF THE GOODS OR SERVICES OF ANY SUCH VENDOR OR THIRD PARTY.

RELEASE: SPARROW HEALTH SYSTEM AND ITS SUBSIDIARIES WILL NOT BE RESPONSIBLE FOR ANY PERSONAL PROPERTY, VEHICLES, MONEY, OR OTHER VALUABLES THAT ARE LEFT IN THE CARE OF THE CONCIERGE SERVICES. I UNDERSTAND AND AGREE THAT SPARROW HEALTH SYSTEM AND ITS SUBSIDIARIES MAKE NO REPRESENTATIONS OR WARRANTIES WITH REGARD TO THE QUALITY OF THE SERVICES OR PRODUCTS OF ANY VENDORS OR THIRD PARTIES. I AGREE TO RELEASE AND HOLD SPARROW HEALTH SYSTEM AND ITS SUBSIDIARIES HARMLESS FROM AND AGAINST ANY CLAIMS OR LIABILITY RELATED TO MY USE OF THE CONCIERGE SERVICE, UNLESS SUCH CLAIM OR LIABILITY IS CAUSED SOLELY BY THE WILLFUL NEGLIGENCE OR MISCONDUCT OF SPARROW HEALTH SYSTEM AND ITS SUBSIDIARIES RESPECTIVELY.

I have reviewed the foregoing terms. I agree to comply with these items.

Signature: _____ **Date:** _____