



**NEW LIFE USA**  
**Non-profit Organization**

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**CONTRACT OF AGREEMENT AND TERMS OF ADMISSION TO  
NEW LIFE USA SUBSTANCE ABUSE RECOVERY CENTER**

**1. THE PARTIES**

The following contract (AGREEMENT, hereafter) represents an Agreement between:  
New Life USA Substance Abuse Recovery Center (CENTER, hereafter), and,  
\_\_\_\_\_ (CLIENT, hereafter).  
The Administrator is a person designated by the CENTER to enforce compliance with the  
AGREEMENT. The employees of the CENTER are referred to as Associate(s) in this  
AGREEMENT.

**2. ADMISSION AND RECOVERY PERIOD**

The New Life USA Substance Abuse Recovery Center, located in Cabool, MO, has a mandatory  
recovery program of 12 months. After completion of the main 12-month course, the  
Administration of the Center recommends a CLIENT to undergo an 8-month Leadership Training  
course. A CLIENT is able to make a free and voluntary decision to attend the Leadership  
Training course.

**The Leadership Training includes:**

- Personal growth (spiritual and moral)
- Acquisition of organizational and leadership skills
- Adaptation to a Christian society
- Practical application of the acquired abilities
- Bible studies

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Rev:062118

During the Leadership Training, CLIENTS may be sent by the Administration of the Center to a different Recovery Center, located in Lovelock, NV, for the exchange of knowledge and experience.

It is based on the CLIENT's free will and desire as a person with a drug or alcohol addiction. As a pre-requisite of admission, CLIENT must realize that he/she has an addiction and must sincerely desire to break free of this addiction. The CENTER does not admit individuals who deny they have a problem or are unwilling to break free of it.

Upon admission, CLIENT must bring the following items to the CENTER (reference ADDEDUM II for specifics):

- a. 3 sets of work clothing, 3 sets of casual clothing (for relaxing) keeping in mind seasons of the year (winter typical lowest 10°F (- 12°C) and summer typical highest 98°F (+37°C).
- b. 20 pairs of working gloves.
- c. Prescription medication (it must not contain any narcotic substances).
- d. Personal hygiene items - 1 month of supply (addendum II to the Contract)
- e. Identifying documents: Valid Government issued photo ID (will be kept in the administration's vault/strongbox).
- f. A medical report from a doctor verifying that CLIENT is free of: HIV; Hepatitis A, B, or C; tuberculosis; contagious skin diseases; and communicable airborne diseases.
- g. Mandatory medicines for first aid (addendum II to the Contract)

### **3. FEE**

The recovery course itself is free of charge. (This includes lodging, meals, Bible study, and counseling).

However, a one-time non-refundable donation of \$300 made by CLIENT's family members and/or friends as an expression of good will to the CENTER to help defray utility costs is greatly appreciated.

CLIENT approved arrival locations are: Rolla, MO and Springfield, MO.

- There is a \$100 transportation fee to be picked up and taken to the CENTER.
  - If CLIENT arrives to St. Louis airport, there is a \$250 transportation fee to the Center.
- All fees must be paid by Money Order.

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#### 4. PROHIBITED ITEMS

CLIENT hereby agrees that the use, possession, and sale of the following items are strictly prohibited during the recovery period at the CENTER:

- a. Audio and video playing devices
- b. Audio and video recording devices (radio, players, tape-recorders)
- c. Mobile (cellular) phones
- d. Personal computers
- e. Books, newspapers, and magazines
- f. Gambling accessories
- g. Jewelry and other valuables
- h. Cash, checks, credit cards, and debit cards

If CLIENT has a medical condition and is required to take prescription medicine, CLIENT must deliver the prescription medication to the Administrator for storage. The Administrator will deliver the required medicine to CLIENT daily in accordance with the doctor's recommendations.

#### 5. BEHAVIORS

CLIENT hereby agrees that the following behavior is strictly prohibited during the recovery period at the CENTER:

- a. Use of cigarettes and any kind of alcohol and drugs
- b. Engaging in sexual activities and any intimate relationship
- c. Any form of violence, whether physical, emotional, or other
- d. Profanity or obscenity
- e. Stealing
- f. Lying
- g. Leaving the territory of the CENTER without authorization
- h. Disrupting the daily scheduled activities
- i. Failure to participate in activities scheduled by the CENTER's associates
- j. Violating Federal or State of Missouri laws and regulations

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Rev:062118

## 6. DISCIPLINARY ACTIONS

Failure to abide with Articles 4 and 5 of this AGREEMENT may result to the following disciplinary actions:

- a. Punitive work assignment for two hours before reveille (scheduled rise time in the morning) or after scheduled time to go to sleep, at the Administrator's discretion.
- b. Termination of the AGREEMENT as follows: two weeks suspension from the CENTER for each offense regardless of how many times one has been suspended.
- c. If CLIENT is expelled from the CENTER for breaking the rules, CLIENT must leave the CENTER within 12 hours in daytime.

## 7. POWER TO SEARCH

If CLIENT is suspected of breaking any rules stated in the Articles 4 and 5 of this AGREEMENT, the Administrator may search the personal belongings of CLIENT in his/her presence as well as the premises where CLIENT stays.

## 8. WORK AT THE CENTER

Physical work is an important part of the recovery process. The Administrator determines the workday schedule. Since the recovery program is free of charge, the CENTER is self-reliant which dictates that any necessary work is done by the CLIENTS of the CENTER without any form of compensation. Such work serves for the development of CLIENT'S labor skills, as well as providing for the vital functions of the CENTER. For the first six months of the recovery period, CLIENT's work tasks are assigned at the Administrator's discretion. After the first six months, CLIENT's preferences in choosing different work tasks may be taken into consideration.

## 9. THE SENIOR-JUNIOR SYSTEM

Every person arriving for recovery is designated as a "junior" for a period of up to 2 months and then they become "seniors". Every "junior" has a personal "senior" who is your closest helper and friend and who has been in the program for at least 2 months. The corresponding "senior" and "junior" are stationed in the same quarters, work together, and move throughout the CENTER's territory together.

The "senior" is fully responsible for his/her "junior." If a "junior" commits a major violation of the CENTER's rules and his/her "senior" has done nothing to prevent such violation, then in the event of a decision to suspend the "junior," the "senior" may also be suspended at the discretion of the Administrator. Only the Administrator has sole authority to assign a "senior". A "junior" is not allowed to change his/her "senior" for reason of personal preference.

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Rev:062118

Exceptions are allowed in the cases of the "senior" being the one responsible for violation of the CENTER's rules and attempting to involve the "junior" in the violation. In such cases, the "junior" may be assigned a different "senior" by the Administrator.

## 10. DAILY SCHEDULE

The following is a daily schedule of activities:

### Monday through Saturday:

Reveille	7:00 AM
Morning Service	7:30 AM – 8:00 AM
Breakfast	8:00 AM – 8:30 AM
Work	8:45 AM – 2:00 PM
Lunch	2:00 PM – 3:00 PM
Work	3:00 PM – 8:00 PM
Dinner	9:00 PM – 9:30 PM
Evening Service	9:30 PM – 10:00 PM
Going to Sleep	10:30 PM

### Sunday – Day Off:

Reveille	9:00 AM
Morning Service	9:30 AM – 10:00 AM
Breakfast	10:00 AM – 10:30 AM
Cleaning	10:30 AM – 11:30 AM
Lunch	3:00 PM – 3:30 PM
Evening Service	7:00 PM – 9:00 PM
Dinner	9:00 – 9:30 PM
Going to Sleep	10:30 PM

In the event all necessary work needs to be completed on a Sunday, a day-off may be canceled entirely or partially at Administrator's discretion.

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Rev:062118

## **11. NON-DISCRIMINATION CLAUSE**

The CENTER does not discriminate anyone on basis of race, religion, or sexual orientation.

## **12. SPIRITUAL ACTIVITIES**

Spiritual growth is one of the important aspects of the recovery program. The CENTER invites individuals from different Christian denominations and confessions that are interested in helping our CLIENTS by means of faith and religion-oriented discussions aimed at helping CLIENTS develop important spiritual values.

The CENTER offers morning and evening spiritual service activities. Presence at the morning services is mandatory but participation is voluntary. Individual consultations, meetings, and confessions may be provided to CLIENT, if desired.

## **13. CONTACT WITH THE OUTSIDE WORLD DURING RECOVERY**

MAIL: Mail correspondence (excluding electronic mail) with friends and family members is allowed during the entire recovery period. All incoming mail without exceptions is inspected by an Associates or the Administrator prior to delivery to the CLIENT. In the event of certain inappropriate information present in a letter, such as drug related content, sexual content, threats, and similar prohibited content, the letter will be destroyed. Outgoing mail (written by CLIENT) is inspected randomly by the decision of the Administrator of the Center. Any form of electronic correspondence is prohibited.

PHONE: CLIENT may not have any direct contact (phone calls, visits) with anybody including family members and friends during the first six months of the recovery period. Friends and family members may make phone calls to the CENTER to inquire about CLIENT anytime during the recovery period. The CENTER's associates will provide exhaustive information about CLIENT to them. After the first six months of the recovery period, direct contact with family members will be allowed once a month. All outgoing phone calls must be monitored by a CENTER's Associate or the Administrator.

PARCELS: Friends and family members may send unlimited parcels. Food items will be taken to the CENTER's food storage to be shared by all CLIENTS. Valuable personal belongings are registered in CLIENT personal file and delivered to CLIENT. Giving and exchanging of the personal belongings is PROHIBITED.

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Rev:062118

VISITS: Visits by immediate family members (spouse, parent, and children) are allowed at the 6<sup>th</sup>, 9<sup>th</sup>, 12<sup>th</sup>, 15<sup>th</sup>, and 18<sup>th</sup> months of the recovery period. CLIENT will be given two days off from the CENTER's activities to spend time with family members. Visits of friends, girlfriends, and other non-family members are strictly prohibited during the entire duration of the recovery program. Any exemptions from the above-mentioned rules are at Administrator's discretion.

#### **14. DAMAGES**

The CLIENT shall reimburse the CENTER for any and all damages to the property of the CENTER caused by reckless and intentional behavior.

#### **15. LIABILITY**

CENTER does not provide any insurance. All doctor visits and medication expenses are the sole responsibility of the CLIENT, including travel expenses. The recovery CENTER will not pay expenses related to trips associated with routine checkups and doctor visits such as cosmetic services and annual dental exams, etc., except in the case of an emergency.

#### **16. TERMINATION CLAUSE**

The recovery program offered by the CENTER may be terminated by the parties to the AGREEMENT at any time. CLIENT shall inform the Administrator about his/her decision to terminate no later than three days prior to the expected departure date. Travel costs associated with CLIENT 's departure shall be the responsibility of CLIENT. On behalf of the CENTER, Administrator can take the decision to terminate the AGREEMENT due to CLIENT'S lack of motivation for further continuation of the recovery course.

#### **17. ENTIRE AGREEMENT**

This written AGREEMENT and its ADDENDUMS are the sole agreement between the parties and any modifications to the agreement must be made in writing and signed by both parties. This AGREEMENT supersedes any previous written or verbal agreements between the parties.

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Rev:062118

**18. AUTHORIZED SIGNATURES**

If the parents are not familiar with the terms of this AGREEMENT, their son or daughter may be denied acceptance into the recovery program. Further, if any information is withheld or misrepresented regarding physical or mental health of the applicant then the CENTER's management reserves the right to refuse admission.

.....

CLIENT:

I, \_\_\_\_\_, have READ and UNDERSTAND the conditions of admission and the rules of the CENTER. I agree to abide by them and request to be admitted for a course of recovery.

Signature of CLIENT: \_\_\_\_\_ Date: \_\_\_\_\_

.....

PARENT OR GUARDIAN:

I, \_\_\_\_\_, have READ and UNDERSTAND the conditions of admission and the rules of the CENTER. I agree to abide by them and agree to my son/daughter's admission for a course of recovery.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

.....

NEW LIFE RECOVERY CENTER US:

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Rev:062118



**ADDENDUM I TO THE CONTRACT -- AFFIDAVIT: WAIVER OF LIABLITIES**

I, \_\_\_\_\_ do affirm that I have come of my own free will, or, at the direction of an applicable court, and agree with the following:

While it is understood that during my stay I may be provided with counseling, housing, and food, there is no guarantee of these services or assurance that this is to be provided in perpetuity as this program. I also understand that I may withdraw from the program at any time but this does not include any guarantee of transportation and/or compensation in any way.

I understand and consent that the representatives of New Life USA can provide, but are not limited to: future assistance, counseling, service, schedules, and requirements for the duration of the New Life USA Drug & Alcohol Recovery Program. It is further understood that New Life USA, its staff, Board members, representatives, and employers assume no responsibility, in any manner whatsoever, for any injuries or losses resulting from my transportation and/or removal, stay and/or treatment. I acknowledge that by signing this AFFIDAVIT, I release and hold harmless New Life USA, its staff, Board members, representatives, employers and volunteers from any and all claims, without limitation, especially those regarding transportation and/or removal, and/or stay and treatment. I further attest that I have come of my own free will and I agree that this waiver of liability was obtained under my free will and without coercion. I also agree that if any part of this AFFIDAVIT is deemed unenforceable by any State and/or Federal statute, the remaining sections shall remain in full force.

_____ Signature	_____ Date
_____ Printed Name	
_____ Name of Parent or Guardian	_____ Contact Phone
_____ Witness Signature and Printed Name	_____ Date

**Signature** \_\_\_\_\_

Rev:062118

**ADDENDUM II TO THE CONTRACT**

**EMERGENCY CONTACTS**

**Emergency contacts:**

Name of Father	Contact Phone
Name of Mother	Contact Phone

**AFFIDAVIT: PERSONAL BELONGINGS AGREEMENT**

I, \_\_\_\_\_, ID# \_\_\_\_\_,  
**(First name, middle name, last name)**

Affirm and agree that I am required to take with me at my CHECKOUT from New Life USA Recovery Center all of my personal belongings as listed below. In the event that I fail to fulfill this requirement, I hereby stipulate that the New Life USA administration is not responsible for safe keeping or storage of said belongings. I also stipulate that in the event of my unwarranted and self-willed leaving of the center (without conferring with the director of the center and notifying the administration), New Life USA shall not be responsible for safeguarding any documents, money, and other valuables left by me.

This list of the personal belongings brought on to the territory of New Life USA has been compiled in my presence and with my consent. In the event I leave the center, I agree to present my belongings for another inspection. I have been advised that if among my belongings is found property that has been taken illegally from the center or other persons, the administration reserves the right to report the matter to the police.

It is agreed that all personal belongings left behind upon my CHECKOUT shall be kept for one month, after which time title for those goods shall transfer to New Life USA Recovery Center and shall be transferred to the warehouse for general use.

**Signature** \_\_\_\_\_

Rev:062118

**AFFIDAVIT: LIST OF PERSONAL BELONGINGS**

**(Brought to the territory of the Recovery Center and being utilized therein)**

**Valuables:** \_\_\_\_\_

**Watch(s):** \_\_\_\_\_

**Camera(s):** \_\_\_\_\_

**Jewelry:** \_\_\_\_\_

**Bags/Purses:** \_\_\_\_\_

**Prescriptions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Items:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

Rev:062118

**AFFIDAVIT: MEDICATIONS & HYGIENE****MANDATORY MEDICINES FOR FIRST AID:**

(NO NARCOTIC SUBSTANCES ARE PERMITTED, FOR EXAMPLE CODIENE IN COUGH SYRUP)	1 <sup>st</sup> course (6 months)	2 <sup>d</sup> course (6 months)	3 <sup>d</sup> course (8 months)
Painkillers tablets-FREE DRUGS (Such as: Ibuprofen, Tylenol®, Advil®)			
Tablets against fever (Such as: DayQuil®, NyQuil®)			
Tablets against allergy (Such as: Claritin®, Benadryl®)			
Tablets for the stomach (Such as: Misym®, Imodium®)			
Medical Tapes, Bandages			
Medline Gauze Bandages, Gauze Rolls			
As possible, vitamins			

**HYGIENIC ITEMS:**

	1 <sup>st</sup> course (6 months)	2 <sup>d</sup> course (6 months)	3 <sup>d</sup> course (8 months)
Towels			
Bed sheets			
Washcloth			
Soap			
Bath tissue			
Toothpaste			
Laundry detergent			
Razors			
Work gloves			
Rubber gloves			
Hand lotion			
Foot lotion			
Facial lotion			

Signature \_\_\_\_\_

Rev:062118

Documents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3x4 Photos: \_\_\_\_\_

I confirm that the above lists are correct: \_\_\_\_\_

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

Center's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**ADDENDUM III - AFFIDAVIT OF CHECKOUT**

Departure: \_\_\_\_\_  
Date Time

Property Returned: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Money for returning home issued in the necessary amount: \_\_\_\_\_

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

Center's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Rev:062118