

Caring Partners Program

PHONE: _____ DATE: _____ YOU WILL RECEIVE YOU CALL AT: _____ AM

Subscriber Name and Address

Doctor and Clergy

Last	First	M.I.	Doctor's Name
Street Address			Doctor's Phone
Apt			Clergy's Name
City	State	Zip	Clergy's Phone

1 In Case of Emergency Notify:

1 Next of Kin:

Last	First	M.I.	Last	First	M.I.
Street Address			Street Address		
City	State	Zip	City	State	Zip
Phone			Phone		

2 In Case of Emergency Notify:

2 Next of Kin:

Last	First	M.I.	Last	First	M.I.
Street Address			Street Address		
City	State	Zip	City	State	Zip
Phone			Phone		

Key Holder:

Key Holder:

Key on Premises?	YES	NO	Location of Key:		
Last	First	M.I.	Last	First	M.I.
Street Address			Street Address		
City	State	Zip	City	State	Zip
Phone			Phone		

Pets?	YES	NO	Type and Location :
Live Alone?	YES	NO	Co-Residents:
Able to Walk?	YES	NO	List Physical Impairments:

Medical History:

Location of Medical History:

Additional Remarks:

AGREEMENT AND RELEASE CARING PARTNERS PROGRAM

1. PARTIES

The party of the first part (hereinafter referred to as "Applicant") is:

_____ (NAME)

Who resides at: _____ (ADDRESS)

The parties of the second part are: The city of _____ whose principal office is located at _____, and the City of _____,

Whose principal office is located at _____ (hereinafter collectively referred to as "City").

2. RECITALS

The undersigned Applicant, in consideration of being permitted to participate in a public service program commonly referred to as the Caring Partners Program, and in further consideration of the provision of such services by City, voluntarily and knowingly executed this agreement and release.

Applicant is aware that:

- A. City provides services without compensation to pursuant to a public program, known as the Caring Partners Program.
- B. City may terminate said program at any time.
- C. City may fail to provide services at any time, for any reason including, but not limited to, technical difficulties, human error, the lack of adequate personnel to monitor the system, and/or lack of adequate personnel to respond to the requests for assistance.
- D. Before such services will be provided to Applicant, Applicant is required to assume all risks and to release City, its Agents, elected and appointed officials, employees, and assigns from all liability that may result from any such termination of said program or any failure to provide such services.
- E. The information provided to the City will be confidential.
- F. In the event that a call check is made, and the Applicant does not respond, and the Applicant has not advised the City's designated contact person of the applicant's absence, the City may seek to gain entry to the Applicants residence and that force may be used to gain entry if a key is not readily available.

3. AGREEMENT

Applicant agrees to provide all the necessary information required by the City for the program and agrees to advise the City of any changes in that information

Applicant specifically agrees to call the City's designated contact person if he/she is not going to be at the number at the times designated for any call checks.

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Applicant with the intention of binding himself/herself, his/her heirs, next of kin, spouses, legal representative, insurers, executors, administrators, successors and assigns, expressly releases and forever discharges City, and City's elected and appointed officials, legal representatives, insurers, successors and assigns, from all manner of losses, damage, claims, demands, actions, rights of action, causes of action, suits, judgments, and executions of every kind, either in law or in equity, which the Applicant or any of the above representatives, insurers, successors, or assigns, created by, or arising out of, any conduct, including negligence and all other conduct, that relates to the Caring Partners Program. This release applies to all damages of any kind, including, but not limited to, all personal injuries, present or future, known or unknown, and injuries to property, real or personal, caused by, or arising out of, any conduct connected with, services rendered, or failure to provide services pursuant to said program. Applicant agrees to indemnify and hold harmless City and its elected and appointed officials for all said injuries and damages. This release covers all damages whether or not contemplated, developed or know at the present time as well as those now known.

Applicant also releases City and its elected and appointed officials from any claim whatsoever, as set forth above, as the result of any first aid or medical treatment rendered to Applicant during participation in the Program.

Applicant elects to, and does, assume all risk for claims arising before or after the date of this release.

This Agreement and Release contains the entire agreement between the parties hereto and the terms of this Agreement and Release are contractual and not a mere recital.

Applicant expressly agrees that this Agreement and Rerelease is intended to be as broad and inclusive as in permitted by the laws of the State of Missouri and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Applicant declares that, prior to the execution of this Agreement and Release, Applicant apprised himself/herself of sufficient, relevant data, through sources of Applicant's own selection, so that Applicant might intelligently exercise his/her own judgment in deciding whether to execute said Agreement and Release. Applicant declares that Applicant's decisions were not predicated upon nor influenced by any declarations or representations of the City, its agents, or employees.

Applicant has read this Agreement and Release and understands all of its terms. Applicant executes this Agreement and Release voluntarily and with full knowledge of its contents and significance as a complete release and bar to any claim resulting from the conduct described herein.

Executed this _____ day of _____,

20_____ in _____, Missouri.

(Applicant) Print Name

(Applicant) Signature