East Windsor Township - Blue Angel Program

APPLICATION & LIABILITY WAIVER

Participant Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Medical Conditions / Special Information (Optional):

Date Completed: _____

PROGRAM CONDITIONS

Under Operation Blue Angel, the undersigned voluntarily agrees to participate in the program and is responsible for providing a working residence key at all times.

The lockbox is owned and maintained by the East Windsor Township Police Department and will only be accessed by emergency personnel during emergency situations when access to the residence is necessary.

Operation Blue Angel is not a lock-out service. The lockbox will not be used for routine lockouts or any non-emergency situation.

In emergency situations where time is critical, including but not limited to medical emergencies, fires, active threats, or lockbox malfunctions, emergency personnel may use any reasonable means necessary to gain entrance to the residence.

Emergency personnel will make reasonable efforts to utilize the lockbox whenever circumstances safely permit.

ACKNOWLEDGEMENT

_____ I understand that Operation Blue Angel is for emergency situations only and is not a lock-out service for myself, family members, friends, or guests.

_____ I understand misuse of the program or requests for non-emergency access may result in removal from the program and removal of the lockbox.

LIABILITY RELEASE

In consideration for participation in Operation Blue Angel, the undersigned agrees to release and hold harmless the Township of East Windsor, the East Windsor Township Police Department, and all employees, and officers from any claims, damages, injuries, losses, or liabilities arising directly or indirectly from participation in the program.

The undersigned understands participation in Operation Blue Angel is voluntary and provided solely as a courtesy service. Participation in the program does not create a special duty or guarantee of protection by the East Windsor Township Police Department or the Township of East Windsor.

Participant Name (Print): _____

Signature: _____

Date: _____

Additional Adult Residents:

Name (Print): _____

Signature: _____

Date: _____

Name (Print): _____

Signature: _____

Date: _____