

**RELEASE OF ALL CLAIMS AND PROMISE NOT TO SUE**

READ CAREFULLY

I, \_\_\_\_\_ (“Participant”)  
First Name Middle Initial Last Name

residing at \_\_\_\_\_  
Residence Address

desire to participate in the **Miami Township Safe Seniors Program** (“Program”). I recognize and accept that there are certain risks associated with participation in the Program and I agree to assume all such risks, including, but not limited to, risk of physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss or damage I may sustain as a result of participating in the Program.

As an inducement for Miami Township (“Township”) to allow me to participate in the Program and in consideration of the Township accepting my registration application, and with the intent to be legally bound, I hereby, for myself and my heirs, executors, administrators, and assigns, do hereby forever release and discharge the Township and its officers, agents, servants, employees, volunteers, and insurers from any and all actions, causes of action, claims, demands, damages, costs, commissions, loss of services, expenses, attorneys’ fees and compensation (collectively “claims”) that I may have had in the past, currently now have, or may have in the future, on account of or in any way growing out of or related to, whether directly or indirectly, my participation in the Program, including, but not limited to, physical injury or death and property damage; and

promise not to sue Miami Township, and agree to indemnify and hold harmless and defend Miami Township and its officers, agents, servants, employees, volunteers, and insurers from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage to property or any other loss or injury to me on account of my participation in this Program; and

By signing below, I certify that I am of sound mind and have read, understand and agree to be bound by this release and that all information contained herein and in my registration application is true and correct and that I am giving up legal rights.

\_\_\_\_\_  
Participant’s signature Date

IF A PARTICIPANT’S LEGAL REPRESENTATIVE SIGNS THIS AUTHORIZATION ON BEHALF OF THE PARTICIPANT, THE FOLLOWING PAGE MUST BE COMPLETED.

AFFIDAVIT OF AUTHORITY

STATE OF OHIO )  
 ) SS:  
COUNTY OF MONTGOMERY )

I, \_\_\_\_\_,  
Name Address

being first duly cautioned and sworn, represent and warrant as follows:

1. I am making the representations and warranties in this affidavit as inducement for Miami Township to allow the Participant identified on the previous page to participate in the Miami Township Safe Senior Program.
2. I am older than eighteen years of age.
3. I have full power and legal authority to sign the Miami Township Safe Senior Program Release of All Claims and Promise Not to Sue on behalf of the Participant and to bind the Participant to its terms.
4. I, on behalf of myself, the Participant, and all other beneficiaries, heirs, executors, administrators, and assigns of the Participant, do hereby forever release, waive and relinquish all claims which may arise out of the release of information by Miami Township and agree to indemnify and hold harmless and defend Miami Township and its officers, agents, servants, employees, volunteers and insurers from any and all liabilities, claims, demands, actions or causes of action resulting from participation in the Program.

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
Signature

Sworn to and subscribed in my presence by \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

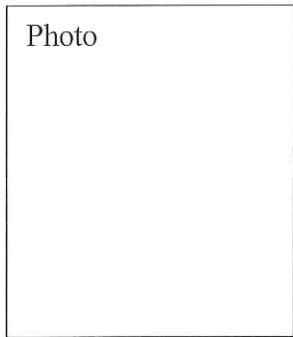
\_\_\_\_\_  
Notary Public



# Miami Township Police

## Safe Senior Program

Photo



Code: \_\_\_\_\_

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

MTSSP#: \_\_\_\_\_

Location: \_\_\_\_\_

- I have Alzheimer's/Dementia without the aid of full-time homecare.
- I have a child living in my residence with a Developmental Disability, i.e. Down Syndrome, Autism...
- I am 60 years of age or older living alone on a frequent basis with a severe medical condition that is incapacitating.

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_ Scars/Marks/Tattoos: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Primary Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Home Phone: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Contact Home Phone: \_\_\_\_\_ Secondary Contact Cell Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Cardiac Physician: \_\_\_\_\_ Cardiac Phone: \_\_\_\_\_

### POINTS OF INTEREST

Old Home Address: \_\_\_\_\_

Last Place of Employment: \_\_\_\_\_

Places Most Frequently Visited: \_\_\_\_\_



**MEDICATIONS (CONTINUED)**

MEDICATION	DOSAGE	FREQUENCY

**POWER OF ATTORNEY**

Copy Attached:  Yes  No

Do you have a will?:  Yes  No

Do you have a “DNR” – Do Not Resuscitate:  Yes  No

Who is your Guardian?: \_\_\_\_\_

**PET INFORMATION**

Does your residence have pets?  Yes  No Type of Animal: \_\_\_\_\_

Inside -or-  Outside Pet’s Name: \_\_\_\_\_ Vet’s Name & Phone: \_\_\_\_\_

Additional Pet Information: \_\_\_\_\_

Additional Pets: Type of Animal: \_\_\_\_\_

Inside -or-  Outside Pet’s Name: \_\_\_\_\_ Vet’s Name & Phone: \_\_\_\_\_

Additional Pet Information: \_\_\_\_\_

**FIREARM INFORMATION**

Are there firearms in residence?  Yes  No How Many: \_\_\_\_\_ What Type: \_\_\_\_\_

Location of Firearm in Residence: \_\_\_\_\_ Locked:  Yes  No

Type of Firearm: \_\_\_\_\_ Location of Firearm in residence: \_\_\_\_\_

Locked:  Yes  No

Type of Firearm: \_\_\_\_\_ Location of Firearm in residence: \_\_\_\_\_

Locked:  Yes  No

Type of Firearm: \_\_\_\_\_ Location of Firearm in residence: \_\_\_\_\_

Locked:  Yes  No

**ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_