

INCORPORATED VILLAGE OF BELLE TERRE

RESIDENT EMERGENCY CONTACT INFORMATION

If you would like the Village Officials/Constabulary to check on your welfare during or following a storm or other emergency, please complete the following information and leave the form with the Village Office. Please complete only the information you wish to have on file. All information will be securely filed and all keys will be kept separately from the information.

RESIDENT

Resident Name:	
Property Address:	
Home Phone:	
Cell Phone:	
Email Address:	
Alarm Code:	

EMERGENCY CONTACT PERSON

Name:	
Relationship:	
Phone:	

Do You wish to leave a key:

YES: _____

NO: _____

WAIVER OF LIABILITY

I, the undersigned, in consideration for my voluntary participation in the annexed Emergency Check Program, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

- 1). The Village of Belle Terre is providing said Emergency checks gratuitously and is not responsible for the welfare or well-being of any individual as a result of the program. I acknowledge that there is the possibility that the Village will be unable to perform the Emergency checks and I understand that I cannot rely on same. If I rely on the the described Emergency checks I do so at my own risk. The Village of Belle Terre, its officers, representatives and/or agents shall not be liable for damages or losses of any kind arising out of, or in connection with, or the failure to perform said Emergency checks. The Village of Belle Terre does not warrant of make any promises, assurances that said Emergency check will be performed.
- 2). I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, the Village of Belle Terre, its officers, agents or employees, from or for any and all liability incurred in the conduct of, and my participation in, the voluntary Emergency check program.
- 3). I have completely read this document and fully understand its contents. I acknowledge that I may be giving up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself, my executors, personal representative, administrators, heirs, next of kin, successors and assigns.

Signature _____

Print Name: _____

Address: _____

Signature _____

Print Name: _____

Address: _____