

ARE YOU O.K.?

SUBSCRIBER INFORMATION FORM

SUBSCRIBER INFORMATION

SUBSCRIBER PHONE NUMBER: CELLULAR OR HOUSE () -	TODAY'S DATE/TIME	TIME TO CALL : A.M. P.M.	DATE OF BIRTH/AGE:
SUBSCRIBER NAME:			
SUBSCRIBER ADDRESS:			
APT. BLDG. NAME/LOT #			
CITY, STATE, ZIP CODE:			
SUBSCRIBER'S SECONDARY, HOME, OR OTHER CONTACT NUMBER(S)			

****SUBSCRIBER MUST BE A RESIDENT OF SEMINOLE COUNTY, GEORGIA****

IN CASE OF AN EMERGENCY PERSON OF CONTACT #1		IN CASE OF AN EMERGENCY PERSON OF CONTACT #2	
LAST NAME:	FIRST NAME:	LAST NAME:	FIRST NAME:
STREET ADDRESS:		STREET ADDRESS:	
CITY, STATE, ZIP CODE:		CITY, STATE, ZIP CODE:	
PRIMARY PHONE NUMBER:		PRIMARY PHONE NUMBER:	
OTHER CELLULAR, HOME, OR WORK NUMBER:		OTHER CELLULAR, HOME, OR WORK NUMBER:	

FORWARD ALL COMPLETED FORMS TO THE SCSO - WE WILL CALL WITH CONFIRMATION

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KEYHOLDER #1		KEYHOLDER #2	
LAST NAME:	FIRST NAME:	LAST NAME:	FIRST NAME:
STREET ADDRESS:		STREET ADDRESS:	
CITY, STATE, ZIP CODE:		CITY, STATE, ZIP CODE:	
PRIMARY PHONE NUMBER:		PRIMARY PHONE NUMBER:	
OTHER CELLULAR, HOME, OR WORK NUMBER:		OTHER CELLULAR, HOME, OR WORK NUMBER:	

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GENERAL INFORMATION

ABLE TO WALK? YES NO	LIST PHYSICAL IMPAIRMENTS:
DOES THE SUBSCRIBER DRIVE? YES NO	MAKE/MODEL/TAG OF VEHICLE
IMPORTANT MEDICAL HISTORY? YES NO	
IS THE HOUSE OR MAILBOX CLEARLY MARKED WITH A STREET NUMBER? YES NO	DESCRIPTION OF MAILBOX AND RESIDENCE
IS THERE A HOUSE ALARM? YES NO	ALARM COMPANY/ALARM CODE
IS THERE A KEY ON THE PREMISES? YES NO	TYPE AND LOCATION
LIVE ALONE? YES NO	CO-RESIDENT(S) NAME(S) AND PHONE NUMBER(S)
PETS? YES NO	TYPE AND LOCATION

COMMENTS / NOTES

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ARE YOU O.K.? PROGRAM - SUBSCRIBER AGREEMENT

This agreement is made and entered into between the Seminole County Sheriff's Office and the subscriber who signs below on the date recited.

The Seminole County Sheriff's Office agrees to provide to the subscriber at no cost the "Are You O.K.? Program" a contact service subject to the following terms and conditions:

1. Subscriber agrees to provide all information on the "Are You O.K.?" agreement information form which is attached hereto and made a part hereof by reference.
2. Subscriber hereby authorizes the Seminole County Sheriff's Office to disclose to emergency personnel (law enforcement, fire personnel, or healthcare), or to emergency contacts medical history provided to the "Are You O.K.?" program to facilitate assistance. Subscriber may revoke this authority at any time by notifying the "Are You O.K.?" program in writing.
3. Subscriber understands that the "Are You O.K." program is not conducted by healthcare professionals, and further understands that neither the program nor the individuals conducting the program will be responsible for providing healthcare services, advice, or medical assessments. Subscriber further understands that the "Are You O.K.?" program should not be relied on for regular and consistent monitoring of a serious health condition.
4. Subscriber agrees to notify the Seminole County Sheriff's Office, in advance, except in the case of extreme emergencies, of any and all times when the subscriber will not be home to receive the "Are You O.K.?" calls, a change in address and/or telephone number or change in name/address/telephone number of emergency contacts.
 - a. Any subscriber who fails to so notify the Seminole County Sheriff's Office of such absences and/or changes will be placed on a probationary status on the system and if there are any such further occurrences, the service may be terminated to that subscriber. Subscriber is to call Seminole County Sheriff's Office at 229-524-5115 prior to being away from home during the calling time.
5. Subscriber fully understands and acknowledges that employees and agents of the Seminole County Sheriff's Office may be required to make forcible entry to the subscriber's residence if subscriber fails to respond to an "Are You O.K.?" call, if other reasonable measures to determine subscriber's status have been exhausted or are unavailable.
6. Subscriber fully understands and acknowledges that the Seminole County Sheriff's Office assumes no liability, either express or implied, for any system failure or malfunction, such as, power outage or computer error.
7. Subscriber further agrees, on behalf of subscriber and subscriber's heirs, administrators, and assigns to indemnify and hold the Seminole County Sheriff's Office and their employees, free and harmless from any obligations, costs, claims, judgments, and attorney's fees arising from any and all acts or omissions including negligence, arising from the provision of services related to the "Are You O.K.?" program.

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8. Subscriber further understands and acknowledges the Seminole County Sheriff's Office is under no obligation to continue the "Are You O.K.?" Contact Services for any length of time but will make reasonable efforts to notify the subscriber if at any time the service is discontinued.
9. Subscriber acknowledges by signing below that subscriber is fully aware of all terms and conditions of this agreement and acknowledges receipt of a copy of the same.

Subscriber

Date

SCSO

Date

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