



## WEATHERSFIELD TOWNSHIP POLICE

*"Come Home to Weathersfield"*

1451 Prospect Street

Mineral Ridge, Ohio 44440

Phone: (330) 652-6486 Fax: (330) 652-1717

Dispatch: (330) 675-2730 Emergency: 911

[www.weathersfield.wix.com/wtpd](http://www.weathersfield.wix.com/wtpd)

Chief Michael J. Naples, Jr.  
Captain Kristopher W. Hodge.

### Agreement and Waiver of Claims

I understand that I am applying to participate in the Weathersfield Township Are You Okay Program. The above information I have provided is correct, and the emergency contact person I have listed has agreed to act as my emergency contact. I understand that I will be called by the Weathersfield Township Police Department on the days and times as agreed upon above. I understand that I must inform the Police Department if I will be out of town or otherwise not be available to receive a scheduled call. I understand that if I fail to notify the program repeatedly that I will be unavailable to receive a call, I may be dropped from the program. I understand that I may withdraw from the program at any time.

I agree to the following Procedures:

If a call is placed at the scheduled time and I do not answer, then:

- Another call attempt will be made after 15 minutes.
- If the second call is unanswered, the Police Department will then contact the participant's Emergency Contact listed above.
- If there is no answer at the Emergency Contact, or the Emergency Contact goes to the residence and is unable to contact me, a police officer will be dispatched to my home. The Police Department will contact the key holder contact provided, but if key entry is not possible, Weathersfield Township police are authorized to use force to enter my house and check on me.

I understand that Weathersfield Township does not guarantee immediate response and will dispatch safety forces upon availability. I also understand that if in the course of checking on my well-being, it is necessary to forcibly enter my home, I am responsible for any damages.

I acknowledge that Weathersfield Township is providing this program as a public service and for no compensation. I acknowledge and agree that Weathersfield Township may, at its sole discretion and without notice, terminate this service at any time. I also acknowledge that the service may fail at any time due to technical problems, human error or other factors within and/or outside of the control of Weathersfield Township.

In consideration of these factors, I waive, release and hold harmless Weathersfield Township and its officers, agents, and employees from any and all claims, including direct, incidental, consequential, or punitive damages, related in any way to the Weathersfield Township Are You Okay Program, including but not limited a failure, for any reason, to provide the services contemplated by this Agreement or arising from any act or omission of Weathersfield Township or its officers, agents or employees, including damage caused by forced entry into my residence to check on my safety and well-being.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date



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## Weathersfield Township Police Department Are You Okay Program

### Participant Information:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please note any information we should know about such as pets in the home or medical issues such as diabetes, heart problems, etc.

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

### Emergency contact Information: (Must be local)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

### Key Holder Contact Information: (Must be local)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

### Days and time to be called each week:

\_\_ Mon \_\_ Tues \_\_ Wed \_\_ Thurs \_\_ Fri AM or PM