

**Ogle County Sheriff's Office**

**Senior Check-In Program Application**

**Subscriber Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Preferred Call Day of the Week: \_\_\_\_\_ Preferred Call Time: \_\_\_\_\_

Does your home have an alarm? (circle) YES / NO      Police or Medical? \_\_\_\_\_

Company's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alarm Code: \_\_\_\_\_

Do you have pets? (circle) YES / NO      If yes, what type of animals? \_\_\_\_\_

Is there a hidden key to your home? (circle) YES / NO      Location: \_\_\_\_\_

Do you have a code to access your residence or attached garage? (circle) YES / NO

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

If you are unable to answer your door, what is the best way for police/medical to gain entry to your residence, if not listed above? \_\_\_\_\_

Vehicle Info      Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Where is your medications list kept? \_\_\_\_\_

List physical impairments, if any: \_\_\_\_\_

**Emergency Contacts (family or friend that can check on you if needed)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Does this person have a key to your home? (circle) YES / NO

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Does this person have a key to your home? (circle) YES / NO

**Notes/Comments**

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

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

The undersigned Subscriber, in consideration of being permitted to participate in the Ogle County Sheriff's Office Senior Check-In Program, does hereby **RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND HOLD HARMLESS** the County of Ogle and the Ogle County Sheriff and their officers, employees, all other police agencies acting in conjunction, successors and agents, from liability and any and all claims related to my participation in the Ogle County Sheriff's Office Senior Check-In Program including, but not limited to, any claim for direct, incidental, or consequential damage arising from the act or omission of the Ogle County Sheriff's Office, its volunteers, agencies, or employees in connection with the Ogle County Sheriff's Office Senior Check-In Program. Subscriber acknowledges that the Ogle County Sheriff's Office Senior Check-In Program is a public service provided at no cost to Subscriber and that the Ogle County Sheriff's Office, at its sole discretion may terminate this service at any time with or without notice to subscriber and/or Subscriber's emergency contacts. Subscriber also acknowledges that technical problems or human error may result in a failure of the service at any time. In consideration of these factors, Subscriber does execute this **WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**. This **WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT** shall be binding on the heirs, assigns, executors and administrators of subscriber.

\_\_\_\_\_

Subscriber Signature

\_\_\_\_\_

Date