



## Operation Blue Angel Application

**NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

### Reason for Application:

\_\_\_\_\_ I am 55 years of age or older and live alone or am alone on a frequent basis.

\_\_\_\_\_ I have a medical condition that is potentially incapacitating and live alone or I am alone on a regular basis.

### Describe your Medical Condition:

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

Doctor's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

### Pet Information:

Dog(s) (Circle) Yes/No If Yes how many and what breeds? \_\_\_\_\_

Cat(s) (Circle) Yes/No If Yes how many? \_\_\_\_\_

## Operation Blue Angel Liability Release

### Liability Release:

In consideration of my participation on *Operation Blue Angel*, the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and representatives, to indemnify and hold harmless the City of Powell and their respective employees, officers, and attorneys from and against any and all claims, SUITS, JUDGMENTS, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in the *Operation Blue Angel*. The undersigned acknowledges and agrees that the undersigned's participation in *Operation Blue Angel* is voluntary and that said Program is being offered only as a courtesy. I also understand and agree *Operation Blue Angel* is not intended in any way whatsoever to create or impose a special duty on Powell Police Department or the City of Powell and their respective employees, officers, and attorneys regarding the undersigned's safety of well-being.

### Conditions:

Under the *Operation Blue Angel*, the undersigned has voluntarily agreed to participate in the program and assumes full responsibility for providing the correct key at all times. Once the lock box is installed, police personnel will only access the lock box to gain access to the undersigned's home after being summoned to the home for emergency purposes. In the event of a time sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lock box, fire and police personnel may not be able to, nor have the time to, use the lock box system. In those situations, the undersigned agrees that the emergency personnel have the right to exercise their discretion and gain entry to the undersigned's home by the fastest means possible. However, emergency personnel will use their best efforts to utilize the lock box when time and situation permits.

**\_\_ I UNDERSTAND THAT OPERATION BLUE NGEL IS NOT A "LOCK OUT SERVICE" FOR ME, MY FAMILY OR MY FRIENDS. ONLY EMERGENCY PERSONNEL AND ACTUAL PARTICIPANTS WILL BE GRANTED ACCESS AND EXCESSIVE REQUESTS FOR NON-EMERGENT ACCESS WILL RESULT IN TERMINATION OF MY PARTICIPATION IN OPERATION BLUE ANGEL AND WILL RESULT IN THE REMOVE OF THE LOCKBOX.**

**EACH RESIDENT (Over the Age of 18 years) AT THE HOME ADDRESS LISTED ABOVE IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.**

Signature of Program Participant:

\_\_\_\_\_  
Program Participant (Please Print)

\_\_\_\_\_  
Program Participant (Please Print)

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Signature of Program Participant

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

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

Please Note: If the Lockbox is no longer needed or the key to your home changes, please call the Program Coordinator at (307) 754-2212 so that we can remove it or change the key placed in the Lockbox. Thank you.

Notary Public:

SWORN AND SUBSCRIBED BEFORE ME \_\_\_\_\_

THIS \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Notary Public

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

My Commission Expires:\_\_\_\_\_

Internal Use Only Entered in CAD Date _____ Signature/ID _____
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