

Other Contact Information for Friends and Relatives

File Number: _____

Name: _____
First Middle Last

Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____
Home Work Cell

Name: _____
First Middle Last

Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____
Home Work Cell

Does anyone have a key to your residence? Yes No

Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____
Home Work Cell

Do you have a key outside your residence? Yes No

Where is it Located? _____

File Number: _____

Do you have any physical or mental disabilities? Yes No

If yes, please explain: _____

Do you live alone? Yes No

Do you have an answering machine? Yes No

Doctor's Name: _____

Address: _____

Phone #: _____

Clergy's Name : _____

Address: _____

Phone #: _____

Please provide any information that you feel will assist our agency.

Pets: Yes No

If so, Type(s)? _____ Name(s): _____

Vehicles: Yes No

If so, Make(s)? _____ Model(s): _____

License Plate #s: _____



Brunswick County Sheriff's Office
Are You OK? Waiver of Liability

This, "Waiver" releases and holds harmless Brunswick County Sheriff's Office against any claim in relation to service received through the "Are You OK? Program.

Subscriber acknowledges that the Brunswick County Sheriff's Office is providing the service as a public service at no compensation. Subscriber recognizes that The Brunswick County Sheriff's Office may, in its sole discretion, terminate this service at any time. The subscriber also acknowledges that technical problems or human error may result in a failure of service at any time. In consideration of these factors, the subscribers hereby waives claim arising from failure, for any reason, to provide the services contemplated by this agreement Subscriber further agrees to waive, release and holds harmless The Brunswick County Sheriff's Office against anyclaim for direct, incidental, or consequential damages arising from any act or omission of Brunswick County Sheriff's Office, their volunteers, agencies, or employees, in connection with this program.

Date_____

Participant's Signature_____

Date_____

Witness_____

Date_____

Signature of BCSO Employee_____