

**Dinner to Your Door Application • 440-826-4891 •
398 West Bagley Road, Unit #3, Berea OH 44017**

Name of Client/Resident:

Form Completed by (print please):

Client Phone:

Delivery Address (please include city and zip code)

Emergency Contact Person:

Emergency Contact Phone:

Days Per Week

Please indicate the number of days per week and list those days (Monday-Sunday)

Food Allergies

**Any Special Instructions for Meal Service Delivery
(ie, place in cooler on back porch)**

Disclaimer

I understand that I am voluntarily participating in the Dinner To Your Door program. It is agreed that at my own discretion that I may invite the volunteer delivery person into my home. The driver is under no obligation to do so and can decline to enter my residence. Neither the City of Berea nor the Berea Community Development Corporation (BCDC), their employees, agents, representatives or volunteers. I further consume all meals at my discretion.

In consideration of the City of Berea and/or BCDC, their respective employees, agents, representative or volunteers delivering meals for Dinner To Your Door, the undersigned owner, occupant and/or agents or assigns of the property listed below, assumes all risks for claims, known or unknown arising from the authorized entrance on the property.

I agree that I and my heirs, guardians, legal representatives and assigns will waive and not make a claim against the City of Berea, BCDC and/or Catering on Call, or their respective employees, agents, representatives or volunteers for any injury, death, or property damage occurring while on my property, whether caused by the negligence of the City of Berea and/or BCDC, or their respective employees, agents, volunteers, or otherwise.

I agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that if any portion of the agreement is held invalid it is agreed that the balance will, notwithstanding, continue in full legal force and effect.

I have carefully read the above release and fully understand its contents and sign this release as my own free act.

I certify that all statements made in furtherance of my request for Dinner To Your Door are true and that the City of Berea and/or BCDC reserves the right to discontinue delivery of said service should a safety or other issue arise.

Signature of Person completing this form: _____

Date: _____

For Office Use Only

Notes:

Start date

Date: