Safe Senior Program
APPLICATION

PLEASE COMPLETE & RETURN TO:
City of Berea, 11 Berea Commons, Berea, Ohio 44017

PERSONAL INFORMATION

First Name: _____   Last Name: _____

Spouse's Name/Date of Birth (if applicable): _____

Home Address: _____

Home Phone: _____   Cell Phone: _____

Email: _____   Date of Birth: _____

EMERGENCY CONTACT

First Name: _____   Last Name: _____

Relationship: _____   Email: _____

Home Phone: _____   Cell Phone: _____

SECONDARY EMERGENCY CONTACT

First Name: _____   Last Name: _____

Relationship: _____   Email: _____

Home Phone: _____   Cell Phone: _____

MEDICAL INFORMATION

Primary Physician: _____   Phone: _____

Medical Conditions: _____

Disabilities: _____

Allergies: _____

Alarm Security Code (If applicable): _____   Dog's Name (If applicable): _____

List of Medications: _____

Location of Medications: _____

Additional Information: _____

Safe Senior Program
WAIVER OF LIABILITY

Name: _____

Phone: _____ Address: _____

PLEASE CHECK THE PROGRAM YOU WOULD LIKE TO PARTICIPATE IN:
☐ **Lockbox Program**   ☐ **Smoke Detector Program**

Do you currently have smoke detectors in your home?   ☐ YES   ☐ NO

Is your total household income $28,000 a year or less?   ☐ YES   ☐ NO
If yes, please send a copy of your proof of income along with the application.

In consideration of my participation in *The Safe Senior Program*, a residential lockbox/smoke detector program, the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and the undersigned's heirs and representatives, to indemnify and hold harmless the City of Berea and their respective employees, officers, and agents 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 Safe Senior Program*. The undersigned acknowledges and agrees that the undersigned's participation in the residential lockbox/smoke detector program is voluntary. I also understand and agree that possession of a residential lock box is not intended in any way whatsoever to create or impose a special duty on the City of Berea Fire or Police Departments or City of Berea and their respective employees, officers, and agents regarding the undersigned's safety or well-being.

Upon installation of a residential lockbox, the undersigned has voluntarily agreed to assume full responsibility for providing the correct key at all times. Once the lockbox is installed, safety force personnel may only use the lock box to gain access to the undersigned's home for emergency purposes. In the event of a time sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lockbox, fire personnel may not be able to, nor have the time to, use the lockbox. In those situations, the undersigned agrees that emergency personnel shall have the right to exercise their discretion and gain entry to the undersigned's home for the fastest means possible. However, emergency personnel will use their best efforts to utilize the lockbox when time and the situation permits.

I understand that I am responsible for supplying batteries and any other accessories required for operation. The units remain the property of the City of Berea. I understand that I am required to notify the City if I no longer reside at the above-referenced address and that I may be required to return the property to the City upon request.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT.

_____   _____
Resident/PRINT   Resident/PRINT

_____   _____
Resident/Signature/Date   Resident/Signature/Date

FOR CITY OF BEREA OFFICE ONLY:

INSTALLATION DATE: _____   INSTALLED BY: _____

☐ LOCKBOX   LOCATION OF LOCKBOX: _____

☐ SMOKE DETECTORS   # OF SMOKE DETECTORS INSTALLED: _____

PAYMENT RECEIVED: $_____   ☐ CASH   ☐ CHECK   DATE: _____