

LIABILITY RELEASE:

In consideration of my participation in *Project "Life Line"*, 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 Township of Ocean 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 *Project "Life Line"*. The undersigned acknowledges and agrees that the undersigned's participation in the *Project "Life Line"* is voluntary and that said Program is being offered only as a courtesy. I also understand and agree *Project "Life Line"* is not intended in any way whatsoever to create or impose a special duty on the Ocean Township Police Department or Township of Ocean and their respective employees, officers, and attorneys regarding the undersigned's safety or well-being.

CONDITIONS:

Under the *Project "Life Line"*, 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 can only use 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 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 lock box when time and the situation permits.

_____ I UNDERSTAND THAT PROJECT "LIFE LINE"'S 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 REQUEST FOR NON-EMERGENT ACCESS WILL RESULT IN TERMINATION OF MY PARTICIPATION IN PROJECT "LIFE LINE" AND WILL RESULT IN THE REMOVAL OF THE LOCK BOX.

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 Participating

Signature of Program Participant

Program Participant (Please Print)

Program Participant (Please Print)

Signature of Program Participant (Please Print)

Signature of Program Participant (Please Print)

Date: _____

PLEASE NOTE: If the Lockbox is no longer needed or the key to your home changes, please call the Program Coordinator at (609) 693-4007 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 into CAD Date _____ **Signature/ID** _____