

Oregon Alerts Senior Well Check Program



First Name: _____ MI: _____ Last Name: _____

Address: _____

Phone #: _____

Alt. # (cell) _____

Key location / Alarm code / Garage door opener code: _____

Pets: _____

Lives alone: Y / N

Contact Information

Contact #1:

Name: _____

Phone#: _____

Relationship: _____

Address: _____

Contact #2:

Name: _____

Phone#: _____

Relationship: _____

Address: _____

OREGON ALERTS

SENIOR WELL CHECK PROGRAM

I wish to participate in the City of Oregon Police Division’s Senior Well Check Program, which is only available to residents of the City of Oregon.

My participation in the program is at my request for my own personal benefit to protect my health and safety and to arrange for the assistance in the event of an emergency that renders me unable to call for aid.

I understand that, in the event that I do not respond to the scheduled telephone call(s) to check on my safety, it will be necessary for the police to enter my house to verify my safety. I hereby give the Oregon Police Division permission to gain entry to my home by whatever means necessary to check on my safety in the event that I do not respond to a scheduled telephone call.

As a condition of being permitted to participate in the Senior Well Check Program, I knowingly and voluntarily release the City of Oregon or any of its officers, agents, employees, elected officials from of any and all legal claims and liability of any kind whatsoever, including but limited to claims of negligence of any nature, which may arise from any injury to persons or property, sustained as a result of my participation in the program. I specifically release the City of Oregon, its agents or employees, from any claims of property damage which may occur if it is necessary to force entry into my home to verify my safety should I not respond to a scheduled call. I am responsible for any damages to my residence incurred should an Oregon police officer need to forcibly enter my residence to check on my welfare.

Signature: _____

Name (Printed): _____

Address: _____

Date: _____ Witness: _____