

WAIVER OF LIABILITY AND GENERAL RELEASE

For and in consideration of the undersigned's participation in the Touchline Program, which involves a daily reassurance call by 2-1-1 Broward, the undersigned recognizes and understands that:

1. The service provided by the Touchline Program may be terminated at any time by the provider and
2. That technical problems or human error may result in a failure of the service at any time and
3. That the undersigned expressly assumes all the dangers and risks inherent in either the termination or failure of the service, and
4. That the undersigned hereby releases and waives all claims that may arise by any act or omission against 2-1-1 Broward and all other personnel of 2-1-1 Broward whether caused by negligence, breach of contract, termination of services, or failure to provide services or otherwise whether for direct, incidental or consequential damages and whether for bodily injury, property damage or loss of otherwise which the undersigned, his/her heirs, legatees, executors, administrators, dependents and assignees may sustain in connection with participation in the Program.
5. In the event that a call check is made, and the undersigned does not respond, and undersigned did not advise the Touchline Program of his/her absence, undersigned understands that the Touchline Program may seek to have local law enforcement gain entry to

his/her residence and that force may be used to gain entry if the local law enforcement assesses it is needed.

6. That the undersigned agrees, on his/her behalf, and on behalf of his/her guardian, heirs, legates, executors or administrators to release 2-1-1 Broward and its staff and to hold each of them harmless from any liability for any injury including death, or damage to his/her property which may be incurred as a result of the operation of the Touchline Program.
7. That the undersigned agrees to provide all the necessary information inquired by the Touchline Program needed to provide the service, and agrees to advise the Touchline Program of any changes in that information.
8. That the undersigned agrees to call the Touchline Program at 954-390-0485 or 2-1-1 if the undersigned will not be at the number at the time designated for the call check.

In WITNESS whereof, and intending to be legally bound thereby undersigned affixes.

Print Participant's Name: _____

Participant's Signature: _____

Date: _____

Print Witness' Name: _____

Witness' Signature: _____

Date: _____





Get Connected. Get Answers.

TOUCHLINE APPLICATION

CLIENT INFORMATION

2-1-1 or (954) 390-0485

| | |
|--|--|
| NAME: | TELEPHONE: |
| ADDRESS: | CELLULAR: |
| APT NO: | DATE OF BIRTH: AGE: SEX: |
| CITY: ZIP CODE: | LIVING ALONE? YES OR NO |
| APARTMENT/CONDO NAME: | |
| APARTMENT/CONDO MANAGEMENT TELEPHONE: | |
| CAN WE CONTACT THEM IN CASE OF AN EMERGENCY? YES OR NO | |

PLEASE GIVE BOTH CROSS-STREETS NEAREST YOUR HOME IN THE EVENT OF AN EMERGENCY:

EMERGENCY CONTACT PERSONS PLEASE LIST (AT LEAST 2) LOCAL BROWARD COUNTY RESIDENTS WHO WILL **GO TO YOUR HOME AND CHECK ON YOUR SAFETY AND WELL BEING** IN THE EVENT THAT YOU DO NOT ANSWER YOUR DAILY TOUCHLINE CALL. THESE RESIDENTS MUST BE WITHIN WALKING OR SHORT DRIVING DISTANCE FROM YOUR HOME.

1) NAME:

ADDRESS: _____ APT _____

CITY AND ZIP CODE: _____

TELEPHONE (H) _____ (W) _____

RELATIONSHIP: _____ HAS A KEY TO MY HOME: _____ YES _____ NO

2) NAME

ADDRESS _____ APT _____

CITY AND ZIP CODE _____

TELEPHONE (H) _____ (W) _____

RELATIONSHIP: _____ HAS A KEY TO MY HOME: _____ YES _____ NO

3) NAME

ADDRESS _____ APT _____

CITY AND ZIP CODE _____

TELEPHONE (H) _____ (W) _____

RELATIONSHIP: _____ HAS A KEY TO MY HOME: _____ YES _____ NO

PLEASE SEE OTHER SIDE

DOCTOR'S NAME

TELEPHONE:

SPECIAL MEDICAL AND OTHER CONDITIONS-LIST ANY PROBLEMS, MEDICAL, EMOTIONAL OR OTHER, WHICH MIGHT AFFECT YOUR ABILITY TO ANSWER YOUR DAILY TOUCHLINE TELEPHONE CALL.

MEDICAL:

MEDICATION:

HANDICAP:

OTHER:

IN THE EVENT OF A HURRICANE, (PLEASE CHECK ONE):

- I HAVE NO PLAN TO EVACUATE AND WOULD LIKE SOME ADVICE.
- I PLAN TO REMAIN AT HOME.
- I PLAN TO MOVE TEMPORARILY TO:

ADDRESS:

TELEPHONE:

IN THE EVENT OF AN EMERGENCY, ARE THERE RELATIVES YOU WANT CONTACTED?:

NAME: _____ RELATIONSHIP: _____

TELEPHONE: _____

NAME: _____ RELATIONSHIP: _____

TELEPHONE: _____

PLEASE NOTE: IF YOUR EMERGENCY CONTACTS ARE NOT AVAILABLE, THE POLICE DEPARTMENT WILL BE CONTACTED TO CHECK ON YOUR SAFETY. FIRST CALL FOR HELP ***WILL NOT BE RESPONSIBLE FOR ANY ACTIONS TAKEN BY EMERGENCY PERSONNEL.***

IMPORTANT! IT IS NECESSARY FOR YOU TO LET US KNOW BEFOREHAND WHEN YOU WILL NOT BE HOME FOR OUR CALL EACH DAY. CALL US AT THESE NUMBERS 24 HOURS A DAY:

**2-1-1 OR (954) 390 - 0485 OR
(954) 537- 0211**

THIS SPACE FOR OFFICE USE ONLY

CLIENT I.D. NO. _____

CODE _____ PRIORITY _____

BEGIN CALLS: DATE _____ TIME _____

ENTERED BY: _____

CLIENT SIGNATURE _____

DATE _____

RETURN COMPLETED APPLICATION TO:

**2-1-1 Broward
250 N.E. 33rd Street
Oakland Park, FL 33334**

Dial 2-1-1 or (954) 390-0485