

PAOLA POLICE DEPARTMENT GOLD KEY PROGRAM

Member Information

Name _____ Date _____

Address _____

Phone _____ DOB _____ Key # _____ Alarm Code _____

Key Must Open Front Door

First person to be notified in case of an emergency:

Full Name _____ Phone _____

Address _____

Has Key Yes _____ No _____ Has Alarm Code Yes _____ No _____

Second person to be notified in case of an emergency:

Full Name _____ Phone _____

Address _____

Has Key Yes _____ No _____ Has Alarm Code Yes _____ No _____

Hospital Preference _____ Phone _____

Doctor _____ Phone _____

Church _____ Phone _____

Minister _____ Phone _____

Significant Medical History (i.e. Diabetes, Asthma, Heart Condition, Seizures) _____

WAIVER OF LIABILITY

In signing this document the above referenced person is requesting to be enrolled in the Paola Police Department Gold Key Program.

In consideration for acceptance in this voluntary, no cost, public service program, you hereby acknowledge and agree to do the following:

Verify the accuracy of the information provided on this application.

Provide updates to information contained on this application as changes occur.

Provide prior notification to the Paola PD by contacting (913) 259-3640 and speaking to dispatch or by leaving a recorded message of the dates that you will not be in the residence to respond to telephone or in person welfare checks.

Paola PD will respond if called and requested entrance by family members, neighbors, postal, and newspaper delivery personnel.

To terminate participation in the Gold Key Program provide written notice to the Paola Police Department or by signature on this application.

Due to your participation in the Gold Key Program the City of Paola, the Paola Police Department, the officers, and the employees will be provided with a copy of your completed application. In submitting this application you are authorizing them to use, disclose, or discuss this information with the emergency contacts that you have identified, or medical personnel as necessary.

Due to your participation in the Gold Key Program you are consenting to all aspects of the Gold Key Program service including, if necessary, forced entry into your residence to complete a welfare check, and the summoning of emergency medical assistance. City of Paola, Paola Police Department, officers, employees, elected officials, agents, boards, and departments of the City of Paola shall not be responsible for any damage to your residence caused by forced entry if needed, for the cost of any emergency care, or subsequent medical care, when emergency medical assistance is summoned by the volunteers or Paola Police Department.

The undersigned acknowledges and agrees that the undersigned's participation in the Gold Key Program is voluntary and that said Program is being offered only as a courtesy.

The undersigned acknowledges that the Gold Key Program is not intended in any way whatsoever to create or impose a special duty on the City of Paola, Paola Police Department, officers, employees, elected officials, agents, boards, and departments of the City of Paola regarding the undersigned's safety or well-being.

The City of Paola may, at its discretion, terminate this service at any time.

I, the undersigned, acknowledge and agree to hold harmless, indemnity and defend the City of Paola, Paola Police Department, officers, employees, elected officials, agents, boards, and departments of the City of Paola from and against any and all actions or action occurring or arising as a result of the purpose described herein or any activities incidental thereto wherever or however the same may occur, including but not limited to claims of other parties claiming financial interest in your residence or estate, and I do release, waive, discharge, and relinquish any action or cause of action which may hereafter arise. It is the intention of the Applicant to exempt and relieve the City of Paola, Paola Police Department, officers, employees, elected officials, agents, boards, and departments of the City of Paola from all liability for any and all damages or injury related to, arising out of and/or caused in connection with the above described program.

Applicant's Signature _____ Date _____

Please initial each statement:

_____ **I understand that the Gold Key Program is not a "Lock Out Service" for myself, my family or friends.**

_____ **I understand that abuse of the program in any manner will result in the termination of my participation and the return of the key to the residence.**

Cancellation Signature:

Applicant's Signature _____ Date _____

Time _____ Received By _____

Paola Police Department Use Only:

Application Initially Received by _____

Date _____

Comments
