

COCHISE COUNTY SHERIFF'S OFFICE



Are You Okay Subscribers:

Name: _____

Address: _____

City: _____

Phone Number: _____

I wish to have the Are You Okay System Contact me: Daily (or pick days)

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

And, the system should contact me at _____ (am / pm)

In the event that I do not answer the Are You Okay? call at the date(s) and time I indicated above, I authorize the Sheriff's Office to send a law enforcement officer to check on my well-being.

I further authorize the listed people to be contacted, to check on my welfare or offer further assistance or aid:

Primary Emergency Contact:

Name: _____

Phone Number(s): _____

Address: _____

Secondary Emergency Contact:

Name: _____

Phone Number(s) _____ Key Holder Yes No

Address: _____

Remarks: Language Spoken English Spanish Other _____

Pets Lives Alone Able to walk Other _____

Medications: _____

Return Completed form to:
Cochise County Sheriff's Office, 205 N. Judd Drive, Bisbee, Arizona 85603

ARE YOU OKAY

Waiver of Liability

I, _____ (self or legal guardian), hereby voluntarily and knowingly agree to release and hold Harmless the Cochise County Sheriff's Office and/or any other Public Safety Organization who responds to assist against any claim in relation to services received through the **ARE YOU OKAY** program.

I understand and acknowledge that the Cochise County Sheriff's and other Public Safety organizations are providing this program as a public service for no compensation. I also understand and acknowledge that the Cochise County Sheriff's Office may, in their sole discretion, terminate this service at any time. I further understand and acknowledge that technical problems or human error may result in failure of the service at any time. I understand that my participation in this program is purely voluntary.

In consideration of these factors, I hereby waive, release, and hold harmless the Cochise County Sheriff's Office from any claim arising from a failure for any reason to provide the services contemplated by this agreement. I further agree to waive, release, and hold harmless the Cochise County Sheriff's Office against any claim for direct, incidental, or consequential damages arising from any act or omission of the Cochise County Sheriff's Office, their volunteers, or employees, incurred in connection with the Cochise County Sheriff's office participation in this program.

| | |
|-------|--------------------------------|
| _____ | Printed name of Subscriber |
| _____ | Signature of Subscriber |
| _____ | Legal Representative Signature |
| _____ | Date of Signature |