



Franklin Township Police Department

Public Safety Building • 495 DeMott Lane • Somerset • New Jersey 08873

Telephone 732-873-5533 Community Relations Bureau x3124



Quovella M. Spruill
Public Safety Director

Emergency Dial 9-1-1

LIABILITY RELEASE:

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

CONDITIONS:

Under the *Operation Blue Angel*, 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 by 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 OPERATION BLUE ANGEL 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 REQUESTS FOR NON-EMERGENCY ACCESS WILL RESULT IN TERMINATION MY PARTICIPATION IN OPERATION BLUE ANGEL AND WILL RESULT IN THE REMOVAL OF THE LOCKBOX.

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 Participant 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 (732)873-5533 x3124 so that we can remove it or change the key placed in the Lockbox. Thank you.

NOTARY PUBLIC:

SWORN AND SUBSCRIBE BEFORE ME

THIS _____ DAY OF _____, 20____

SIGNATURE NOTARY PUBLIC

PRINT NOTARY PUBLIC

MY COMMISSION EXPIRES:

Internal Use Only Entered into CAD Date _____ Signature / ID
--