



# “Are You Okay?” Application

Bedford Police Department  
 55 Constitution Dr.  
 Bedford, NH 03110  
 (603)472-5113

Subscriber Telephone No. (      )		Date		Site File Number	
<b>SUBSCRIBER INFORMATION</b>					
Last Name		First Name		M.I.	
Address		City		State	Zip
Date of Birth	Gender	Race		Height	Weight
Hair Color	Eye Color	Identifying Marks			
Social Security No.		Driver's License/Identification No.		State Issuing DL/ID	
Vehicle Make/Model		Vehicle Year	Vehicle Color		Vehicle Plate No.
<b>CLERGY &amp; DOCTOR INFORMATION</b>					
Doctor's Name				Doctor's Phone No.	
Clergy's Name				Clergy's Phone No.	
<b>IN CASE OF EMERGENCY, NOTIFY:</b>					
Name (Last, First, M.I.)			Name (Last, First, M.I.)		
Address			Address		
City, State, Zip Code			City, State, Zip Code		
Phone No.			Phone No.		
<b>NEXT OF KIN</b>					
Name (Last, First, M.I.)			Name (Last, First, M.I.)		
Address			Address		
City, State, Zip Code			City, State, Zip Code		
Phone No.			Phone No.		

<b>KEY &amp; RESIDENCE INFORMATION</b>	
Is there a key on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____	
Key Holder Name (Last, First, M.I.)	Key Holder Name (Last, First, M.I.)
Address	Address
City, State, Zip Code	City, State, Zip Code
Phone No.	Phone No.
Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide information below. Type: _____ Location: _____	
Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide co-resident(s) information below. Name(s): _____	
<b>MEDICAL HISTORY</b>	
Are you able to walk? <input type="checkbox"/> Yes <input type="checkbox"/> No List physical impairments below. _____	
Location of Medical History: _____	
<b>REMARKS</b>	
<b>ANSWERING MACHINE/VOICE MAIL SERVICE DISCLAIMER</b>	
<p><small>Initials</small> I acknowledge that I have been informed by BPD representatives that in order to participate in the BPD's "Are You OK?" Program, and in order for the program to function properly, I cannot have an answering machine, voice mail or answering service of any kind that will pick up the _____ daily automated "Are You Ok?" telephone call placed to my home telephone.</p> <p><small>Initials</small> I understand that if I choose to use an answering machine, voice mail or answering service of any kind, that the program will not function properly, and I hereby release the BPD of all liability _____ resulting from an answered "Are You OK?" call by any of the above listed services.</p>	
<b>WAIVER OF LIABILITY</b>	
<p>In consideration of my participation in a special service provided to me by the Bedford Police Department (BPD), which program includes that automated dialing of my residence telephone number on scheduled intervals every day, I hereby authorize and permit officers to gain access to my home by forced entry if reasonably necessary in order to confirm my health and safety.</p> <p>I understand that there is an inherent risk of property damage whenever forced entry is necessary, and I am assuming all such risk. In the event BPD reasonably believes it necessary to force entry, I hereby waive all claims, demands or requests for repair or replacement costs of damage to my residence or other property including doors, windows, locks, furniture, and other fixtures and personal property of every kind, which damage results from such forced entry.</p> <p>I further consent and agree to indemnify, hold harmless, release, discharge, covenant not to sue, and defend the Town of Bedford, the Bedford Police Department, and the employees, agents and representatives of each from and against all claims, damages, losses and expenses, including attorney's fees, by me, my heirs and assign arising from my participation in the "Are You OK?" program.</p> <p>I further understand that in order to withdraw from "Are You OK?" service, I must notify the BPD in writing.</p>	
Printed Name	Date
Signature	