

**TOWN OF MARS HILL**  
ADMINISTRATION OFFICE  
280 N. MAIN STREET • PO BOX 368  
MARS HILL, NC 28754  
PHONE: (828) 689-2301 • FAX: (828) 689-3333



## COMMUNITY WELL-CHECK PROGRAM APPLICATION

### GENERAL INFORMATION

Please print or type

<b>Participant Name:</b> LAST                                      FIRST                                      MIDDLE		<b>Date of Birth:</b>	<b>Application Date:</b>
<b>Street Address:</b>		<b>City</b>	<b>State</b> <b>ZIP:</b>
<b>Mailing Address, If Different:</b>		<b>If Apartment Building, Name of Building and Number?</b>	
<b>Home Phone:</b>	<b>Cellular Phone:</b>	<b>Does Participant Have An Answering Machine?</b>	
<b>Live Alone?</b> YES      NO	<b>Name and Relationship of Other Resident:</b>	<b>Does Participant Have Pets?</b> YES      NO	<b>Describe Pets:</b>
<b>Vehicle Information:</b>			
<b>Any Physical Impairments:</b> YES      NO		<b>Description:</b>	

### EMERGENCY CONTACT INFORMATION

<b>Emergency Contact Name:</b> LAST                                      FIRST                                      MIDDLE		<b>Relationship to Participant:</b>	
<b>Street Address:</b>		<b>City</b>	<b>State</b> <b>ZIP:</b>
<b>Home Phone:</b>	<b>Cellular Phone:</b>	<b>E-mail address:</b>	
<b>Key Holder to Participant Home?</b> YES      NO		<b>Other Information:</b>	
<b>Clergy Contact Name:</b>		<b>Contact Phone:</b>	

### ACKNOWLEDGMENT & CONSENT

I, \_\_\_\_\_, agree to PARTICIPATE IN THE Town of Mars Hill **COMMUNITY WELL-CHECK PROGRAM**. I do hereby give my permission to Emergency and Law Enforcement representatives to respond appropriately to any perceived emergency situation involving my health and or safety.

An alternative key holder is identified on my interview form and I give my permission for them to release the key for emergency First Responders.

It is my understanding the information contained on the interview form will be released to Law Enforcement and Emergency Personnel as necessary for me to participate in the **COMMUNITY WELL-CHECK PROGRAM**.

\_\_\_\_\_  
PARTICIPANT NAME (print)

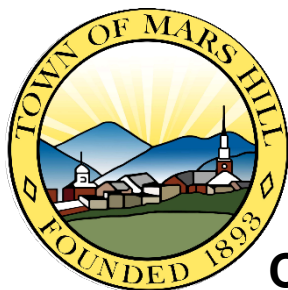
\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TOWN REPRESENTATIVE NAME (print)

\_\_\_\_\_  
TOWN REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE



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**WAIVER OF LIABILITY**

The following waiver is **REQUIRED** for anyone participating in Town of Mars Hill **COMMUNITY WELL-CHECK PROGRAM**. This form must be completed prior to approval for participation in the **COMMUNITY WELL-CHECK PROGRAM**.

*This "WAIVER" release and hold harmless the Town of Mars Hill and the Mars Hill Public Safety Services (Police and Fire Departments) against any claim in relations to service(s) received through the Community Well-Check Program.*

Participant(s) acknowledge the Town of Mars Hill and Mars Hill Public Safety Services (Police and Fire) are providing the service as a public service and for no compensation. Participant(s) recognizes the Town of Mars Hill and Mars Hill Public Safety Services may, in their sole discretion, terminate this service at any time. Participant(s) also acknowledge technical problems or human error may result in a failure of the service at any time.

In consideration of these factors, the Participant(s) hereby waives, releases, and holds harmless the Town of Mars Hill and Mars Hill Public Safety Services (Police and Fire) from any claim(s) arising from a failure, for any reason, to provide the services contemplated by this agreement, and subscriber(s) further agrees to waive, release, and hold harmless the Town of Mars Hill and Mars Hill Public Safety Services (Police and Fire) any claim for direct, incidental, or consequential damages arising from any act or omission of the Town of Mars Hill and Mars Hill Public Safety Services (Police and Fire), their Volunteers, Agencies, or Employees, in connection with the Town of Mars Hill and Mars Hill Public Safety Services (Police and Fire) participation in this program.

I/WE HEREBY AFFIRM THAT I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I/WE AGREE TO ABIDE BY THE FOREGOING RULES, REGULATIONS, AND OTHER INFORMATION CONTAINED OR REFERENCED HEREIN. I/WE ARE AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN THE TOWN OF MARS HILL, MARS HILL PUBLIC SAFETY SERVICES, AND MYSELF, AND I SIGN IT OF MY OWN FREE WILL.

**CERTIFICATION**

\_\_\_\_\_  
 PARTICIPANT NAME (print)

\_\_\_\_\_  
 PARTICIPANT SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 TOWN REPRESENTATIVE NAME (print)

\_\_\_\_\_  
 TOWN REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
 DATE