

My Safety Call Program Waiver Form

Release and hold harmless agreement with the Humboldt Senior Resource Center, City Ambulance, Humboldt Bay Fire, Eureka Police Department, Arcata Fire District, Cal Fire and City Ambulance against any claim in relation to service received through the *My Safety Call* program.

The undersigned subscriber/participant acknowledges that the Humboldt Senior Resource Center, City Ambulance, Humboldt Bay Fire, and Arcata Fire District are providing *My Safety Call* program as a public service. There is a one-time fee of \$12. The subscriber/participant acknowledges that the Humboldt Senior Resource Center, Humboldt Bay Fire, and the Arcata Fire District may, in their sole discretion, terminate this service at any time. The subscriber/participant also acknowledges that technical problems or human error may result in the failure of the service at any time. In consideration of these factors, the subscriber/participant hereby waives, releases and holds harmless, and shall defend the Humboldt Senior Resource Center, City Ambulance, Humboldt Bay Fire, Eureka Police Department, Arcata Fire District, and Cal Fire from any claim arising from a failure, for any reason, to provide the services contemplated by this agreement, and subscriber/participant further agrees to waive, release, and hold harmless the Humboldt Senior Resource Center, City Ambulance, Humboldt Bay Fire, Eureka Police Department, Arcata Fire District, and Cal Fire against any claim for direct, incidental, or consequential damages arising from any action or omission of the Humboldt Senior Resource Center, City Ambulance, Humboldt Bay Fire, Eureka Police Department, Arcata Fire District, and Cal Fire and their members/ employees, in connection with the Humboldt Senior Resource Center, City Ambulance, Humboldt Bay Fire, Eureka Police Department, Arcata Fire District, and Cal Fire's participation in this program including any damage to the physical premises of the subscriber/participant occasioned by the necessary forced entry of the premises to carry out the stated goals of the program.

Date: _____ Participant Signature: _____

Participant's Printed Name: _____

Date: _____ Witness: _____