



MAD RIVER TOWNSHIP Fire and EMS Department

260 E. Main Street

P.O. Box 395

Enon, Ohio 45323

Phone (937) 864-7429

Fax (937) 864-2143

Dispatch (937) 864-1995

David Leist

Chief of

Emergency Services

THE SAFE AND SOUND PROGRAM

Liability Wavier

Last Name First Name MI

Address City Zip

In consideration with participating in the Mad River Twp. Fire & EMS Safe and Sound Program, I _____ hereby waive all claims for damage or loss to my person and property which may be caused by an act or omission of Mad River Township, Enon Police Department, Clark County Sheriff's Office, its officers, agents, or employees. I assume the risk of all conditions or occurrences which include but not limited to Township officers or its agents using force to enter residence, which may be encountered during said participation in the Safe and Sound Program and waive any and all specific notice of the existence of such conditions or occurrences. Further, I hereby covenant not to sue Mad River Township, Enon Police Department, Clark County Sheriff's Office, its officers, agents, or employees for any claims, whether for personal injury or property damage arising out of any act or condition during said participation. This release of liability and agreement given by me to the said Mad River Township, Enon Police Department, Clark County Sheriff's Office, its employees and agents, shall apply to any right of action that might occur to me, my heirs, and my personal representatives.

Further I, _____ agree to assume all risks associated with participating in the Mad River Township Fire & EMS Safe and Sound Program.

Signature (must be signed in the presence of Fire Personnel) Date

Mad River Twp Fire & EMS Personnel Date

Mad River Twp. Fire and EMS
260 E. Main Street
Enon, Oh 45323
937-864-7429 Fax: 937-864-2143

Your call time is between 8:00am and 10:00am

Today's Date _____

M () F () First name _____ M.I. _____ Last _____

Birthday _____ Phone # _____

Address _____

Preferred Hospital _____

Family Doctor Name _____ Phone # _____

Name of person that has a key to your residence _____

Address of key holder _____

Phone # of key holder _____

Emergency Contact _____ Phone # _____

Emergency Contact address _____

Medical History _____

Where are your medications or a list of medications kept? _____

I have freely given this information to the Mad River Twp. Fire and EMS department for the use in the monitoring of my safety and well-being. This information may be used by Fire department personnel, volunteers, and other persons associated with the "Safe and Sound" program. I understand that this information will not be distributed to other commercial organizations.

Signature _____