



ROTARY CLUB OF BERKELEY HEIGHTS

P.O. Box 2

Berkeley Heights, New Jersey 07922



I. MEDICAL ALERT EMERGENCY DATA FORM

Client _____ Machine # _____
(Last) (First)

DOB _____ M or F (circle) Phone #: (908) _____ - _____

Street _____ Apt # _____ BH or NP

Special Entry Instructions _____

* * *

Others Living In Home _____

Dog... Name _____

* * *

Physician _____ Hospital _____

Medical/Health History _____

Allergies _____

Medications _____

Special Instructions _____

* * *

Emergency Contact _____

Home Telephone _____ Work _____

* * *

Console Location (circle room) Living/Kitchen/Family/Bedroom Other _____

Installation Notes _____

I understand the first respondent of the Medical Alert will be the Police. I give my permission for the Berkeley Heights Rotary Club to release the above information to (1) Berkeley Heights Police Department, (2) New Providence Police Department and (3) local First Aid Squad.

Client _____ Date _____
(Signature)



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II. FORCED ENTRY RELEASE

Medic Alert Unit # _____

I, _____, assume the responsibility, and will hold harmless, the Berkeley Heights Police Department, the New Providence Police Department, or any other police department or emergency or first aid squad, and their personnel, for any and all damages resulting from forced entry into the premises described below, in the event that any of such authorities responds to an emergency call from the MEDICAL ALERT EMERGENCY CALL SYSTEM installed at the premises, and conventional entry cannot be accomplished.

Premises located at: _____

Signature: _____

Date: _____

Witness: _____

Date: _____



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III. AGREEMENT AND RELEASE OF LIABILITY MEDICAL ALERT SYSTEM

AGREEMENT

1. I understand that the Berkeley Heights Rotary Club (hereinafter referred to as "BHRC") is loaning to me the use of a Medical Alert System (hereinafter referred to as "the equipment") as a community service for my use in the event of an emergency.
2. I understand that the equipment remains the property of BHRC while it remains in my possession, and must not be disposed of, moved from its original place of installation, modified or tampered with.
3. I understand that the BHRC will arrange for installation and provide me with general instructions as to how to use the equipment.
4. I agree to keep and maintain the equipment so that it will not be damaged except for ordinary wear and tear.
5. In the event that the equipment is damaged or returned in a damaged condition, ordinary wear and tear excepted, I agree to be responsible for any cost of repairs or for the cost of replacement if it cannot be repaired.
6. In the event that I no longer require the use of the equipment or wish to terminate the service for any reason, I agree that I, or my personal representative, shall contact the BHRC and arrange for the prompt return of the equipment.
7. In the event that the equipment is lost, stolen or cannot be returned to the BHRC for any other reason, I agree, at the option of BHRC, to reimburse the BHRC for the reasonable cost of replacing the equipment.
8. I understand that the BHRC is not an insurer of the equipment or its services, and that they have no responsibility for the response or re-

response time of any ambulance, police, fire or other emergency service to which a call has been relayed, and have no control over telephone lines or equipment, or responsibility for their operation.

- 9. I agree to pay BHRC the sum of \$90.00 for the initial twelve months of service and \$70.00 annually thereafter. The initial fee is due at the time of installation of the equipment. BHRC will not remove the client from this program because of financial inability to pay.

RELEASE OF LIABILITY

I, on behalf of myself, my heirs and personal representatives, in consideration of the loan to me of the use of the equipment by the BHRC, do hereby release and discharge the BHRC and their, employees, members and agents, from all claims which I or my heirs or personal representatives, may have now or in the future for property damage or personal injuries arising out of the installation, operation, and testing of the equipment, which has been installed for my benefit.

I, or my personal representative, have read the above AGREEMENT and RELEASE OF LIABILITY, and understand its term. I sign this document voluntarily and with full knowledge of its significance.

WITNESS

CLIENT
Or

Date: _____

PERSONAL REPRESENTATIVE

Date: _____