

Kendall County Triad - Well-Being Check Phone Program



Full Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Month & Day of Birth: _____

Call days (check box for all days requested):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Call time (Indicate **ONE** time between 7:00 AM and 9:00 PM – your call will come either at that time or shortly afterward): _____

Number of call attempts made before family and friend (contacts) are called:

2 calls 3 calls 4 calls

Minutes between call attempts (30 minutes recommended):

15 mins. 30 mins. 45 mins. 60 mins

Contact Information (family or friends to be contacted if no response from participant)

Contact #1

First and Last Name: _____

Phone Number: _____ Relationship: _____

Address (Optional): _____

Contact #2

First and Last Name: _____

Phone Number: _____ Relationship: _____

Address (Optional): _____

Contact #3

First and Last Name: _____

Phone Number: _____ Relationship: _____

Address (Optional): _____

Contact #4

First and Last Name: _____

Phone Number: _____ Relationship: _____

Address (Optional): _____

Note: Please let your contacts know that you have included them in the Well Being Check Phone Program before the calls start. We may also call and check with them.

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WAIVER AND RELEASE FORM



_____ (participant's full name), his/her heirs, estate or assigns, (referred to as the "subscriber") in consideration of being permitted to participate in Kendall County Triad Well Being Check Phone Program, (referred to as the "Program") **HEREBY WAIVE AND RELEASE**, hold harmless and forever discharge Yorkville Police Department, Oswego Police Department, Linden Oaks Hospital at Edward, Kendall County Triad, Senior Services, Wellbeing Check LLC and its agents, employees, officers, directors, volunteers, associates or assigns, (collectively referred to as "released parties"), of and from any and all claims, demands, debts, expenses, causes of action, lawsuits, damages and liabilities of every kind and nature, whether know or unknown, in law or equity, that the subscriber ever had or may have arising from or in any way related to the subscriber's participation in the well being check phone program.

The subscriber understands that the program they are participating in is an attempt to aid in the communication between the participant and their designated contact(s), and use in any manner for health care or emergency support is unauthorized. The subscriber further acknowledges that the released parties do not warrant un-intercepted, un-attempted or error free services, including but not limited to a third party intercepting the call and indicating a positive response.

The participant has fully read and understood the contents of this liability wavier and release, by reading it before signing on behalf of themselves and their heirs, estate or assigns.

Participant's Signature

Date

Participant's Printed Name

Witness' Signature

Date

Witness' Printed Name

RETURN THIS APPLICATION AND WAIVER FORM TO:

**Oswego Police Department
3525 Route 34
Oswego, Illinois 60543**

Questions? Contact Officer Brian Nehring at 630-551-7358.