

Randolph County Sheriff's Office
Citizens Well-Check Program

Name: _____ DOB: _____

Address: _____

City: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Door most used at the home: _____

1st Emergency Contact: _____ Key holder? Yes No

Home Phone #: _____ Cell Phone #: _____

2nd Emergency Contact: _____ Key holder? Yes No

Home Phone #: _____ Cell Phone #: _____

3rd Emergency Contact: _____ Key holder? Yes No

Home Phone #: _____ Cell Phone #: _____

Medical Condition(s): _____

Driving: Y/N DL#: _____ Home Security Alarm: Y/N

Vehicle(s): _____

Hide-a-way Key: _____

Release of Liability

_____ covenants and agrees to release from liability and hold harmless the County of Randolph, the Sheriff of Randolph County, and their respective representatives, employees, agents, volunteers and officials from any loss, damage or harm arising out of their acts, omissions or conduct of whatever nature as it pertains to participation by said Sheriff, his representatives, employees, agents, volunteers and officials in the **Citizens Well-Check Program**.

This the _____ day of _____, 20____

Signature of Participant _____

Zone: _____ Provided picture: _____ Add to weather emergency notifications: _____