



HORSESHOE BAY FIRE DEPARTMENT TELECARE PROGRAM HOLD HARMLESS AGREEMENT

As a member of the Horseshoe Bay Telecare Program, I understand and agree that should it be impossible to verify my safety via telephone, designated contacts, or if I choose not to provide a key or means of entry for the lock box at the Horseshoe Bay Fire Station 1, emergency access to my home may be gained by the Horseshoe Bay Fire or Police Department.

I agree that the City of Horseshoe Bay and its representatives will not be held responsible for any repairs needed due to such access.

X _____
Signature

x _____
Date

Name: _____

Street Address: _____

Mailing Address: _____

Telephone: _____

Cell: _____

Y or N I would like to provide a key to the Horseshoe Bay Fire Department for the Telecare secure lockbox located inside Horseshoe Bay Central Fire Station. This is for Telecare purposes only and not for emergencies other than emergency access to verify my safety.

Designated Contact(s):

Name: _____	Name: _____
Telephone: _____	Telephone: _____
Keyholder?: Y or N	Keyholder?: Y or N
City/State _____	City/State _____

Additional Information in case of an emergency: (pets in residence, additional family contacts, etc.)