



## **Park County Sheriff's Office**

*1402 River View Dr.*

*Cody, WY. 82414*

*Phone 307-527-8700 Fax 307-527-8708*

*Scott A. Steward, Sheriff*

### **Operation Blue Angel Liability Release**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

#### **Liability Release:**

In consideration of my participation on Operation Blue Angel, the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and representatives, to indemnify and hold harmless the County of Park and its respective employees, officers, and attorneys from and against any and all claims, SUITS, JUDGMENTS, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in the Operation Blue Angel. The undersigned acknowledges and agrees that the undersigned's participation in Operation Blue Angel is voluntary and that said Program is being offered only as a courtesy. I also understand and agree Operation Blue Angel is not intended in any way whatsoever to create or impose a special duty on the Park County Sheriff's Office or Park County and their respective employees, officers, and attorneys regarding the undersigned's safety of well-being.

#### **Conditions:**

Under the Operation Blue Angel, the undersigned has voluntarily agreed to participate in the program and assumes full responsibility for providing the correct key at all times. Once the lock box is installed, police personnel will only access the lock box to gain access to the undersigned's home after being summoned to the home for emergency purposes. In the event of a time sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lock box, fire and police personnel may not be able to, nor have the time to, use the lock box system. In those situations, the undersigned agrees that the emergency personnel have the right to exercise their discretion and gain entry to the undersigned's home by the fastest means possible. However, emergency personnel will use their best efforts to utilize the lock box when time and situation permits.

**I UNDERSTAND THAT OPERATION BLUE ANGEL IS NOT A “LOCK OUT SERVICE” FOR ME, MY FAMILY OR MY FRIENDS. ONLY EMERGENCY PERSONNEL AND ACTUAL PARTICIPANTS WILL BE GRANTED ACCESS AND EXCESSIVE REQUESTS FOR NON-EMERGENCY ACCESS WILL RESULT IN TERMINATION OF MY PARTICIPATION IN OPERATION BLUE ANGEL AND WILL RESULT IN THE REMOVE OF THE LOCKBOX. EACH RESIDENT (AGE 18 AND OVER) AT THE HOME ADDRESS LISTED IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.**

**THIS FORM MUST BE SIGNED AND WITNESSED IN THE PRESENCE OF A PARK COUNTY SHERIFF’S OFFICE DEPUTY/EMPLOYEE.**

Program Participant (Please Print):

\_\_\_\_\_

Program Participant (Please Print):

\_\_\_\_\_

Signature of Program Participant:

\_\_\_\_\_

Signature of Program Participant:

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please Note: If the Lockbox is no longer needed or the key to your home changes, please call the Program Coordinator at (307) 527-8700 so that we can remove it or change the key placed in the Lockbox.

Witnessing Deputy/Employee (Please Print):

\_\_\_\_\_

Signature of Witnessing Deputy/Employee:

\_\_\_\_\_

Date: \_\_\_\_\_