

NEW PROVIDENCE POLICE DEPARTMENT

Borough of New Providence
360 Elkwood Avenue
New Providence, New Jersey 07974
Telephone (908) 665 -1111
Emergency Dial 9-1-1

Operation Blue Angel Agreement

CONDITIONS:

Under 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 can only use 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 emergency personnel shall 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 the 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 REQUESTS FOR NON-EMERGENT ACCESS MAY RESULT IN TERMINATION OF MY PARTICIPATION IN OPERATION BLUE ANGEL AND WILL RESULT IN THE REMOVAL OF THE LOCKBOX. EACH RESIDENT (Over the Age of 18 years) AT THE HOME ADDRESS LISTED ABOVE IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.

LIABILITY RELEASE:

In consideration of my participation in Operation Blue Angel, the undersigned, to the fullest extent permitted by law, hereby agrees on behalf of the undersigned the undersigned and the undersigned's heirs and representatives, to release, indemnify and hold harmless the Borough

of New Providence and their respective employees, officers, and agents 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 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 that Operation Blue Angel is not intended to nor does it in any way whatsoever create or impose a special duty on the New Providence Police Department or Borough of New Providence and their respective employees, officers, and agents regarding the undersigned's safety or well-being of person or property.

Program Participant (Please Print)

Program Participant (Please Print)

Signature of Program Participant

Signature of Program Participant

Date:

PLEASE NOTE: *If the Lockbox is no longer needed or the key to your home changes, please call the New Providence Police Department at (908) 665-1111 so that we can remove it or change the key placed in the Lockbox. Thank you.*

The lockbox will remain the property of the NPPD.

NOTARY PUBLIC:

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20 _____

SIGNATURE NOTARY PUBLIC

PRINT NOTARY PUBLIC

MY COMMISSION EXPIRES: