

AUTHORIZATION, REGISTRATION and LIABILITY FORM - CONTINUED

In consideration for my participation in the Sausalito/Marin City Postal Carrier Alert Program, I voluntarily RELEASE Age Friendly Sausalito, Marguerita C. Johnson Senior Center (MCJSC) - Seniors Taking Charge Program, Episcopal Senior Communities AND THEIR OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS (hereinafter referred to as "RELEASEES") from any and all liability for injuries or death or property damage to me resulting from, arising out of, or in any way connected with my participation in the Sausalito/Marin City Postal Carrier Alert Program. I understand that this WAIVER and RELEASE is applicable even though the negligent activities of the RELEASEES may have contributed to the injury or death or property damage suffered by me participating in this program. I further agree to INDEMNIFY and HOLD HARMLESS the RELEASEES from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney and expert witness fees) resulting from participation in this program whether caused by any negligent act or omission of the RELEASEES.

It is further understood and agreed that this waiver, release, hold harmless and indemnification agreement is to be binding on me, and all my heirs, representatives and assigns.

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By my signature below, I signify that I have read, understand, and voluntarily agree to be bound by each of the terms stated herein.

SIGNED _____ DATE _____

NAME _____ PHONE (____) _____
(Please Print)

ADDRESS _____

CITY _____ ZIP _____

PERSONS TO CONTACT IN AN EMERGENCY

PHYSICIAN _____ PHONE (____) _____

NAME (key holder) _____ PHONE (____) _____

ADDRESS _____

NAME _____ PHONE (____) _____

ADDRESS _____

NAME _____ PHONE (____) _____

ADDRESS _____



**Postmaster
Sausalito, CA. 94965**

First - Class
Mail
Postage & Fees
Paid
USPS
Permit No. G-10

Postal Carrier Alert Program



POSTAL CUSTOMER

Seniors and those with disabilities are invited to participate:

POSTAL CARRIER ALERT PROGRAM

Postal Carrier Alert is part of a nationwide program of the United States Postal Service (USPS) and the National Association of Letter Carriers AFL-CIO (NALC). The purpose of Postal Carrier Alert is to provide reassurance to participating individuals that a responsible agency will be alert to check on their well-being when an accumulation of mail or any other indication that might signify the possibility of accident or illness. Older adult residents or persons who are disabled are eligible. Locally, this volunteer program is coordinated by Episcopal Senior Communities (ESC), Age Friendly Sausalito and MCJSC - Seniors Taking Charge (STC) in partnership with the Sausalito/Marin City USPS, the Sausalito Police Department and the Marin County Sheriff's Office.

HOW POSTAL CARRIER ALERT WORKS

Letter carriers generally are familiar with their customers and their routines. If the carrier notices something out of the ordinary, such as mail piled up, porch lights on at odd times or accumulating newspapers, the carrier will contact the Sausalito Police Department or the Marin County Sheriff's Office, depending on the jurisdiction. The respective law enforcement agency will attempt to reach you by telephone first. If there is no answer, they will notify the contact person you have listed below on this Authorization, Registration, and Liability form. If your contact persons cannot reach you, the Sausalito Police Department or the Marin County Sheriff's Office will pay you a visit and enter your residence if necessary.

If you plan to be away from your residence, please arrange for your mail to be picked up or notify the Post Office by written notification or by completing an "Authorization to Hold Mail" form available from your letter carrier or at your Post Office.

HOW TO REGISTER

* Fill out the Authorization, Registration, and Liability form. Be sure to review, sign and date the legal release portion of the form. Your signature is mandatory for participation in the Postal Carrier Alert Program.

* Return the completed Authorization, Registration, and Liability form to the Sausalito Post Office by placing it in your mailbox for pickup by your letter carrier or mail it directly to the Sausalito Police Department at 29 Caledonia Street, Sausalito CA 94965, Attn: Postal Carrier Alert Program.

* Explain the program to your emergency contact people and designate a key-holder in the Sausalito or Marin City area on the Authorization, Registration, and Liability form.

Additional programs available for support to seniors include: Marguerite C. Johnson Senior Center 415-332-9323; Age Friendly Sausalito 415-754-9944. For information on the Senior Center Without Walls or the Telephone Reassurance Program call 415-456-9062 x132.

AUTHORIZATION, REGISTRATION, and LIABILITY FORM

I _____, acknowledge that I have registered to participate in the Postal Carrier Alert Program (the program) under the direction of Age Friendly Sausalito, MCJSC- Seniors Taking Charge and Episcopal Senior Communities, jointly endorsed by the United States Postal Service, the National Association of Letter Carriers and the National Rural Letter Carriers' Association. I understand that my participation in the program will at all times be subject to the following terms and conditions:

1. All information furnished by me may be used by Age Friendly Sausalito and MCJSC, including its agents, employees, members, and other representatives, as they deem necessary to carry out the purpose of the program.
2. The United States Postal Service, including its agents, employees, and other representatives, may, when there appears to be an undue accumulation of mail in my mailbox, inform Age Friendly Sausalito or MCJSC for such action as the latter may consider to be appropriate under the program.
3. Whenever I expect to be away during one or more days on which mail is delivered, I will inform the Postal Service by written notification or by completing an "Authorization to Hold Mail" form available from my letter carrier or Local Post Office.
4. Participation in the program by Postal Service employees is a voluntary activity that is undertaken on my behalf and at my request. I understand that there cannot be, and that there is not, a guarantee, warranty, promise or implication that any Postal Service employee (including but not limited to the carrier who normally delivers my mail and any substitute or replacement) will necessarily take a specific course of action under any portion of the program. I also understand that the program is not intended, directly or indirectly, to give me legal rights of any nature or description against my organization or party specified, named, or described elsewhere in this *Statement of Understanding and Release of Liability by Registrants in Postal Carrier Alert Program*. In consideration of these factors, I hereby release and discharge all such organizations and parties from all actions, suits, judgments, executions, debts, claims, or demands of every kind and nature based on any acts, omissions, or other factors based on, or related to, or arising out of, the program.
5. I may end my participation in the program by providing a written notification in my mailbox at least 30 days prior to termination.

SIGNED _____

DATE _____

NAME _____

(Please Print)

***CONTINUED ON BACK**