

Request to Conduct Well-Being Check in Event of Emergency Incident

I, _____ [insert name], hereby request the Town of Ellington, via its Emergency Services and/or Human Services Departments (the “Town”), to conduct a well-being check on me at my premises located at _____ [insert property address] (the “Property”) in the event of a known Emergency Incident. A known Emergency Incident shall consist of any event of which the Town has actual knowledge that is reasonably likely to pose an immediate risk to the health and/or safety of the Town’s “at risk” (elderly, disabled or handicapped) residents. Examples of an Emergency Incident include, without limitation, a hazmat event, severe weather event or other event that could impact power, communication and/or transportation services.

By signing this Request form, I knowingly and voluntarily hereby:

1. Grant permission to the Town, its employees, members, agents and volunteers, to enter upon the Property and enter into the residence thereon, for the purpose of ensuring my well-being and, if necessary, assisting or effectuating my evacuation from the Property during any Emergency Incident. I understand that if the Town is unable to contact me at the time of the visit, they will contact the Emergency Contact Person named herein to obtain access to the residence, unless they have reasonable cause to believe that I am in imminent peril or distress, in which event they may make forcible entry to the residence.

2. Waive and release the Town, its employees, members, agents and volunteers, from any past, present or future claim, action, liability or damage for bodily injury or property damage arising, directly or indirectly, as a result of their reasonable actions made pursuant to this request, excepting only claims, actions, liabilities or damage caused by the gross negligence or reckless conduct of the Town, its employees, members, agents and volunteers, and I further agree to indemnify and hold harmless and covenant not to sue the Town, its employees, members, agents and volunteers, from any such claim, action, liability or damage.

3. Name _____ [insert name of Emergency Contact], of _____, [insert address and phone number of Emergency Contact] as my Emergency Contact Person in the event that the Town is unable to obtain access to my residence at the time of the visit or in the event that at the time of the visit I am or become unresponsive or otherwise unable to communicate for myself. I further authorize the Town, its employees, members, agents and volunteers, to release information to my Emergency Contact Person about my physical or mental condition so that my Emergency Contact Person can assist and/or coordinate providing me with necessary medical care and services.

I understand that I may revoke the requests, authorizations and consents made herein at any time by providing written notice of the revocation to the Town at:

Town of Ellington, Department of Human Services
P.O. Box 187
Ellington, CT 06029
Fax: 860-870-3198

Signed: _____

Date: _____