

Mint Hill Police Department
Citizens Well-Check Program

Name: _____ DOB: _____

Address: _____

City: _____ Zip Code: _____

Phone #: _____

1st Emergency Contact: _____

Phone #: _____

Key holder? Yes No

2nd Emergency Contact: _____

Phone #: _____

Key holder? Yes No

3rd Emergency Contact: _____

Phone #: _____

Key holder? Yes No

Medical Condition(s): _____

Driving: Yes No Vehicle(s): _____

Hide-a-way Key: _____

Release of Liability

_____ covenants and agrees to release from liability and hold harmless the Mint Hill Police Department, and their respective representatives, employees, agents, volunteers and officials from any loss, damage or harm arising out of their acts, omissions or conduct of whatever nature as it pertains to participation by said Police Department, representatives, employees, agents, volunteers and officials in the **Citizens Well-Check Program**.

This the _____ day of _____, 20

Signature of Participant _____
