



Simpsonville Police Department



Liability Waiver for Citizen Assistance Program

Date: _____

I, (*print name*) _____, authorize the Simpsonville Police Department to enter my property located at _____ in the City of Simpsonville, Greenville County, South Carolina, with or without a key to the residence in the event of an emergency or exigent circumstances in order to check on my well-being. I will not hold the Simpsonville Police Department or the City of Simpsonville liable for any damages caused by the entry into the residence by force or otherwise. As part of my participation in the Citizen Assistance Program (CAP), I understand that the Simpsonville Police Department officers are not care-givers and that they will be checking on my well-being only. If they find me in medical distress they will contact "first-responder" personnel or the Greenville County Emergency Medical Services to render medical aid. I also understand that an officer will use the totality of the circumstances to determine whether or not to breach my door forcibly and I hold him or her and the City of Simpsonville harmless if it is discovered later that my home should not have been entered or that the door should not have been breached.

Name of Property Owner/CAP Participant: (*print*) _____

Address: _____

Telephone #'s: _____

Signature: _____

Name of Care Giver or Power of Attorney: (*print*) _____

Address: _____

Telephone #'s: _____

Signature: _____

SWORN TO AND SUBSCRIBED before me
This _____ Day of _____, 2014

Notary Public for the State of South Carolina
My Commission Expires: _____

"MAKING A DIFFERENCE"

415 EAST CURTIS STREET • SIMPSONVILLE, SC 29681 • PHONE: (864) 967-9536 • FAX: (864) 967-9543

www.SimpsonvillePD.com