

Statement of Understanding and Release of Liability
By Registrants in the Carrier Alert Program

I, _____, acknowledge that I have registered to participate in the Carrier Alert Program under the direction of the Piscataway Township Department on Aging in cooperation with the Piscataway Township Post Office. This program is jointly endorsed by the United States Postal Service and the National Association of Letter Carriers. 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 the Piscataway Township Office on Aging and the Piscataway Township Post Office as they deem necessary to carry out the purposes 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 the Piscataway Township Office on Aging for such action as they 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 means of written notification in my mailbox and I will also cover the Carrier Alert decal on my mailbox (with tape or by other means) during the period of my absence.
4. Participation in the Program by Postal Service employees is a voluntary activity which is undertaken in my behalf and at my request. I understand that there can not 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 legal rights of any nature or description against any organization or party specified names or described elsewhere in this Statement of Understandings and Release of Liability by registrants in the 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 upon any acts, omissions, or other factors based upon, or related to, or arising out of the Program.
5. I may end my participation in the Program by providing written notification, by means of a written notification in my mailbox, at least 30 days prior to termination of participation in the program.

(Signature of Registrant)

Date of Birth

Address

Phone Number