



**PISCATAWAY POLICE DEPARTMENT**  
**TOWNSHIP OF PISCATAWAY**  
**555 SIDNEY ROAD**  
**PISCATAWAY, NEW JERSEY 08854**  
**(732) 562-2300 Emergency Dial 9-1-1**

## **Operation Blue Angel Agreement**

### **LIABILITY RELEASE:**

In consideration of my participation in *Operation Blue Angel* Program (the “Program”), the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and the undersigned’s heirs and representatives, to defend, indemnify and hold harmless the Township of Piscataway and their respective employees, officers, and attorneys from and against any and all claims, suits, judgments, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney’s fees), directly or indirectly arising from or in connection with the undersigned’s participation in the Program. The undersigned acknowledges and agrees that the undersigned’s participation in *Operation Blue Angel* is voluntary and that said Program is being offered only as a courtesy. I also understand and agree the Program is not intended in any way whatsoever to create or impose a special duty on the Piscataway Police Department or Piscataway Township and their respective employees, officers, and attorneys regarding the undersigned’s safety or well-being.

### **CONDITIONS:**

Under *Operation Blue Angel*, the undersigned has voluntarily agreed to participate in the Program and assumes full responsibility for providing the correct key at all times. Once the lockbox is installed, police personnel can only use the lock box to gain access to the undersigned’s home after being summoned to the home for emergency purposes. In the event of a time sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lockbox, fire and police personnel may not be able to, nor have the time to, use the lockbox system. In those situations, the undersigned agrees that emergency personnel shall have the right to exercise their discretion and gain entry to the undersigned’s home by the fastest means possible and that such discretion is not reviewable. However, emergency personnel will use reasonable efforts to utilize the lockbox when time and the situation permits.

**I UNDERSTAND THAT OPERATION BLUE ANGEL IS NOT A “LOCK OUT SERVICE” FOR ME, MY FAMILY OR MY FRIENDS. ONLY EMERGENCY PERSONNEL AND ACTUAL PARTICIPANTS WILL BE GRANTED ACCESS AND EXCESSIVE REQUESTS FOR NON-EMERGENCY ACCESS WILL RESULT IN TERMINATION OF MY PARTICIPATION IN THE PROGRAM AND WILL RESULT IN THE REMOVAL OF THE LOCKBOX.**

**EACH RESIDENT (Over the Age of 18 years) AT THE HOME ADDRESS LISTED IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.**

Signature of Program Participant:

Signature of Program Participant:

\_\_\_\_\_  
Program Participant (Please Print)

\_\_\_\_\_  
Program Participant (Please Print)

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Signature of Program Participant

Date: \_\_\_\_\_

PLEASE NOTE: *If the Lockbox is no longer needed or the key to your home changes, please call the Program Coordinator at (732) 562-2300 so that we can remove it or change the key placed in the Lockbox. Thank you.*

NOTARY PUBLIC:

SWORN AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINT NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

Internal Use Only Entered into CAD Date _____ Signature / ID _____
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