

AUTHORIZATION AND RELEASE OF LIABILITY

Undersigned resident (“Resident”) hereby requests and authorizes the City of Pueblo, a Municipal Corporation (“City”), to keep and maintain within the Computer Aided Dispatch System of the City’s Police and Fire Communication Center (the “City’s Dispatch Center”) information identifying that Resident, who resides at the following address, may be non-ambulatory or have other limiting health conditions that may require special assistance from emergency response personnel.

Resident specifically understands that the Information may be a public record subject to disclosure to the public. Resident specifically understands that the Information will be disclosed to the Pueblo Police Department and Pueblo Fire Department personnel and may be disclosed to other local agencies including but not limited to the Pueblo Animal Services, to the Colorado State Patrol, and the Pueblo Rural Fire Department.

Resident acknowledges that this Authorization and Release of Liability is voluntarily requested by and submitted by Resident as a benefit to Resident with respect to potential emergency services. Resident hereby released and agrees to hold harmless the City, its officers, employees, and agents from any and all liability, claims, damages, costs or expenses, including attorney fees, arising or resulting from the possession, use or disclosure of the Information and/or the failure to use, disclose or act upon the Information. Resident specifically acknowledges that the City’s Dispatch Center is not a “covered entity” under the Health Insurance Portability and Accountability Act (“HIPPA”) and Resident has no rights with respect to the possession, use or disclosure of the Information by the City’s Dispatch Center under HIPPA.

Resident will notify City’s Dispatch Center of any change in Resident’s address. The Dispatch Manager may be contacted at 719-553-2520.

Print Resident’s Full Name: _____

Address Involved: _____

Pueblo, CO ZIP Code: _____

Home Phone Number: (_____) _____

Mobile Phone Number: (_____) _____

Email Address: _____

Resident’s Signature

Date