

AUTHORIZATION AND RELEASE OF LEGAL LIABILITIES

I, (registrant name) _____, hereby expressly authorize the Carrier Alert Program, under the direction of the (sponsoring social service agency/agencies) _____ to use this information in the case of an emergency. I understand that this information will be held confidential and will be kept by the Carrier Alert Program. I also expressly authorize the U.S. Postal Service to alert the (sponsoring social service agency/agencies) _____ if there is an accumulation of mail in my mailbox. If I am to be away, I will inform the letter carrier in writing in advance and cover the decal in my mailbox. I understand that this is a voluntary program and that my route is not always served by the same letter carrier. I also understand that I may terminate my participation in this program by providing written notice at least thirty (30) days prior to the date of termination.

I hereby agree to indemnify, hold, and save harmless the Carrier Alert Program under the direction of (sponsoring social service agency/agencies) _____, the National Association of Letter Carriers and the United States Postal Service, from any damage or injury which occurs as a result of my participation in this program

SIGNED: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE: _____