



Baldwin County Emergency Management Agency

Shelters of Last Resort Registration / Waiver of Liability Form

Baldwin County EMA (Emergency Management Agency)
23100 McAuliffe Drive
Robertsdale, AL 36567

Shelters of Last Resort are facilities made available by the County during emergencies for sheltering, although the structural integrity of the facilities cannot be "guaranteed".

Individuals entering Shelters of Last Resort must: (1) Present photo identification; (2) Complete registration form/waiver of liability; (3) Obey shelter rules; and (4) Undergo a criminal background check by law enforcement.

Individuals entering Medical Needs Shelters of Last Resort must additionally bring: (5) One adult caregiver (18 & older); (6) Medical supplies and equipment needed; and (7) Special dietary supplies needed.

1. DO YOU HAVE PHOTO IDENTIFICATION (Preferably Driver's License)?

☐ **Yes** - Complete ONLY this section below.

Name Social Security

Date of Birth Driver's License Number

☐ Yes ☐ No DO YOU HAVE A SPECIAL MEDICAL CONDITION? IF SO, COMPLETE MEDICAL SECTION BELOW.

AUTHORIZATION FOR EMERGENCY CARE:

I hereby authorize the use of available medical care in the event of an emergency for myself. In case of emergency, I agree to be transported to the hospital located nearest to the evacuation shelter.

WAIVER / RELEASE OF LIABILITY:

In consideration of my access, use, and occupancy of evacuation shelters, including without limitation any specially designated evacuation shelters in Baldwin County, I hereby agree to release and hold harmless Baldwin County, Baldwin County Commission, and all other governmental entities, which have been, or are involved or instrumental in the provision of said shelters or the staffing, servicing, or equipping of same from and against any and all claims or actions arising out of personal injury, including death, property damage, or loss of any nature or amount, whether caused by negligence or otherwise.

Signature Date

☐ **No** - Complete ENTIRE Registration Form

CONTACT INFORMATION:

Address Phone

Children	Age	Date of Birth	Drivers License Number and State (16 and older)

MEDICAL - Check if you have any of the following conditions:

☐ Catheter Patient	☐ Contagious or Infectious Disease	☐ Dementia, Mild
☐ Dressing Changes, Simple	☐ Hospice Patient	☐ Incontinence, Frequent (urinary /bowels)
☐ Intravenous Patient	☐ Medication Needing Injection	☐ Ostomy Patient
☐ Oxygen Nebulizer	☐ Peritoneal Dialysis	☐ Sleep Apnea

Emergency Contact: Relationship: Phone:

CRIMINAL BACKGROUND CHECK:

☐ Yes ☐ No Are you a convicted sex offender? Falsifying this form is a felony.

☐ Yes ☐ No Do you have active warrants?

List any and all aliases:

☐ Yes ☐ No The shelter staff has my permission to let callers/visitors know whether I am staying in the shelter.

COMPLETE ONLY UPON FINAL DEPARTURE FROM SHELTER:

Final Departure Date Signature

Departure Location and Contact Number