



SIGN-UP FORM

PARTICIPANT

NAME:		PHONE NO:	XXX-XXX-XXXX								
EMAIL:		START DATE:	MM/DD/YYYY								
ADDRESS:		TIME TO CALL:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">HH:mm</td> <td style="width: 10%; text-align: center;">AM</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%;">DAILY</td> </tr> <tr> <td></td> <td style="text-align: center;">PM</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>SPECIFY BELOW</td> </tr> </table>	HH:mm	AM	<input type="checkbox"/>	DAILY		PM	<input type="checkbox"/>	SPECIFY BELOW
HH:mm	AM	<input type="checkbox"/>	DAILY								
	PM	<input type="checkbox"/>	SPECIFY BELOW								

REMARKS: _____

If you do not answer your scheduled call, we will reach out to your designated family member, friend, or a facility of your choosing. Please provide their name and email address, so we can send a sign-up form. **Service cannot begin until we have a designated contact to receive this notification.**

CONTACT INFORMATION (FOR CALL-NOT-ANSWERED NOTIFICATION)

NAME: _____ PHONE NUMBER: _____

EMAIL: _____

Disclaimer: The operation of the CareRinger system (the "System") is not intended to replace 911 or other emergency systems and users should not rely solely on the System to prevent harm or in the event of an emergency. CareRinger makes no representations or warranties (express or implied) about the reliability or the features of this System, and disclaims all liability in the event of any failure of the System. The System is provided on an "AS IS, AS AVAILABLE" basis, and in no event will CareRinger be liable for any damages that result from use or inability to use the System, or from mistakes, omissions, interruptions, errors, defects, delays in operation or transmission, or any failure of performance whether or not the failures are caused by acts of God, communications line failure, theft, destruction, unauthorized access, or events beyond CareRinger's reasonable control. You acknowledge that any reliance on this System will be at your own risk. Either you or CareRinger may terminate this Service Agreement at any time with ten (10) days' notice.

This Service Agreement will be governed by and construed in accordance with the internal laws of the state of California without regard to conflicts of laws principles. You agree that any and all disputes regarding this Service Agreement and the System will be subject to the courts located in California.

By signing below, you agree to receive autodialed, pre-recorded calls from or on behalf of CareRinger to the phone number listed above as part of CareRinger's check-in and reminder service. Your consent is not required and is not a condition of any purchase. You can always contact CareRinger at support@careringer.com to end this service. For additional assistance, you can visit the CareRinger website at www.careringer.com. By signing below, you agree to the terms of this Service Agreement, which is a binding agreement (superseding all prior agreements) and constitutes the entire agreement between you and CareRinger.

SIGNATURE _____ DATE _____

OFFICE USE ONLY	ACCOUNT NUMBER:	
	REMARKS:	