



Hayward Area Memorial Hospital & Water's Edge

Right here in the place we love.

Ann Kozak, Lifeline Coordinator
11040 N State Road Hayward, WI 54843
P: (715) 934-4323 F: (715) 934-4270
Email: amkozak@hamhwe.com

AUXILIARY LIFELINE SYSTEM LEASE AGREEMENT

Subscriber: _____ **Phone:** _____

Address: _____

Monthly Charge:

- HomeSafe Landline \$29.95 HomeSafe Wireless \$41.95
- Auto Alert Landline \$44.95 Auto Alert Wireless \$56.95
- GoSafe Landline \$54.95 GoSafe Wireless \$64.96

Installation Fee: \$45.00

Acceptable methods of payment include:

- Check Automatic Withdrawal

The undersigned hereby requests the Hayward Area Memorial Hospital (HAMH) Auxiliary install the equipment for the Lifeline System at the address listed above, subject to the terms and conditions contained in this agreement. The subscriber agrees to lease the equipment and the service for the above noted charge for each month or part thereof.

1. This agreement constitutes the total lease agreement between the subscriber and the HAMH Auxiliary. Additional subscription waivers/agreements are required to be signed by the subscriber. No person is authorized to act on the behalf of the hospital to change any terms of the agreement. This agreement, equipment and service is not transferable to any other individual without the consent of the HAMH Lifeline Coordinator.
2. It is understood that the equipment is the property of the HAMH Auxiliary and new or reconditioned equipment may be placed in the home for use, at the discretion of the HAMH Lifeline Coordinator.
3. The Subscriber agrees to:
 - a. Accept charges incurred as a result of an emergency call in which an ambulance or transportation is dispatched for the subscriber.
 - b. Perform monthly test of Personal Help Button and Lifeline system.
4. It is understood that while the HAMH Auxiliary will attempt to maintain the installed equipment in good operating condition, it is not responsible for the malfunction of the equipment or the system, and will not be liable for any direct or indirect personal injury or damages resulting from such malfunction. Nor will the HAMH Auxiliary be responsible for the action or inactions of persons who have volunteered and consented to be the subscriber's responders. Except any as expressed in this agreement, the HAMH Auxiliary makes no warranties, either expressed or implied, with respect to the equipment or the overall operation of the equipment.
5. This agreement can be terminated at any time by mutual consent of the parties.

THE TERMS AND CONDITIONS HAVE BEEN READ BY, OR TO ME. I UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT.

Signed and executed by subscriber and, if different, Payer.

SIGNATURE OF SUBSCRIBER: _____ **DATE:** _____

SIGNATURE OF PAYER (if different than subscriber): _____ **DATE:** _____