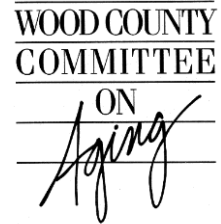


Pen Pal/Zoom Project - Release of Liability Form

Wood County Committee on Aging, Inc.
140 S. Grove Street
Bowling Green, OH 43402
419.353.5661 or 800.367.4935
www.wccoa.net



Name: _____

Email: _____

Address: _____
Street City State Zip Code

Phone number: _____

Check the boxes that apply to you:

- I will email my pen pal I will mail a letter to my pen pal I will call my pen pal
- I want a pen pal in Wood County I want a pen pal in any State

(Valid from January 1, _____ until December 31, _____)

I, (print name) _____, hereby authorize the Wood County Committee on Aging, Inc. (WCCOA) to release my phone number, email and/or mailing address for the sole purpose of the WCCOA's Pen Pal/Zoom Programming. This program will allow me to connect with other older adults in Wood County or other states.

By submitting this form, you are agreeing that the WCCOA has your permission to share the contact information you provide DIRECTLY with your assigned pen pal. Other than this planned disclosure, WCCOA agrees to take measures to keep your contact information private and secure, and will not share it with anyone other than your pen pal. We will not sell, rent, or trade your information with other individuals or organizations.

Any damages or loss that may occur due to exchange of this contact information is at your sole risk. You consent to indemnify and hold harmless the WCCOA from any claim, demand, or damage asserted by you or a third party due to this exchange of contact information.

By submitting this form, you agree to act in a respectful manner and to not use this service for unlawful means. You agree to take responsibility for your conduct. You agree to be responsible for outcomes related to your communications with your assigned pen pal/zoom partner, and agree that the WCCOA and its directors are not liable for any damages or loss that may occur due to your pen pal correspondence. WCCOA may terminate the terms or terminate access to program / service at any time, for any reason, with or without notice to you. By participating in this Pen pal/Zoom project, you agree that WCCOA is not liable to you for the termination of this Agreement or access to the programs.

Participants must follow the Pen Pal/Zoom code of conduct when interacting with others: Individuals must not use profanity, obscenities or derogatory remarks in communications; Do not send confidential or unprotected sensitive or personally identifiable information; Do not use this pen pals or zoom program to make personal gains, conduct business, or gamble; Must not share links to third party sites that contain profanities, obscenities, sexually explicit, or discriminatory content.

Members of the Pen Pal /Zoom programs should immediately report all inappropriate content, behavior and underage users by contacting the company via email writing programs@wcco.net with a detailed description of the content in question.

This pen pal program is for older adults living in Wood County, Ohio. The WCCOA will match you with another older adult to begin a pen pal relationship, at no cost to you. Please return this signed form to WCCOA, 140 South Grove Street, Bowling Green, Ohio 43402 or email a cell photo of the signed form to programs@wcco.net

SIGN BELOW TO CONFIRM UNDERSTANDING AND AGREEMENT.

Signature

Date

OFFICE USE ONLY:

Date Received: _____

Date contacted with Pen Pal Name, Number and/or Email: _____

Assigned Pen Pal: _____

Assigned Pen Pal's Contact information:
