

Basehor Police Department



Vacation Watch

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Departure Date

\_\_\_\_\_  
Return Date

\_\_\_\_\_  
Primary Contact #1

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Primary Contact #2

\_\_\_\_\_  
Phone Number

Special Instruction (Please note any vehicles left in the driveway, lights that will be on inside the residence, any person who has permission to have access to the residence-other than emergency contact(s), etc.)

\_\_\_\_\_

Complete and return this form to the Basehor Police Department. Call the police department at 913-724-3397, during regular business hours, to update the information or if you return early. After hours or on a holiday please call Leavenworth County Dispatch toll free at 1-855-301-8423.

**Waiver and Release of All Claims**

On behalf of myself individually, my/our family, and/or my/our respective heirs, successors, and assigns (hereinafter, "I/we", "my/our", or "me/us"), I/we: (1) recognize and acknowledge that the City of Basehor and the Basehor Police Department cannot and do not guarantee the security of the subject premises, (2) voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that I/we may sustain as a result of such Vacation/House Watch services (hereinafter "such services") and/or my/our request for such services relative to the subject premises, (3) agree to waive and relinquish all claims I/we may have (or which may accrue to me/us) against the releasees as a result of such services and/or my/our request for such services from the City of Basehor and the Basehor Police Department, (4) do hereby fully release and forever discharge all of said releasees from any and all claims for injuries, damages, or loss that I/we may sustain or which may accrue to me/us arising out of, connected with, or in any way associated with such services and/or my/our request for such services.

With the submission of this form, I affirm that I have read and fully understand the above information, assumption of risk and waiver and release of all claims.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date