

SIGN-UP FORM

PARTICIPANT	 1	
NAME:	PHONE NO:	
EMAIL:	START DATE:	
ADDRESS:	TIME TO CALL:	DAILY 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

ICE .	ACCOUNT NUMBER:	
OFF USE ONL	REMARKS:	



SIGN-UP FORM (DESIGNATED CONTACT)

Your friend or family member, or a resident within your facility (a "Participant"), wishes to participate in CareRinger's check-in and reminder service. If your Participant does not answer our scheduled call, we will reach out to you in the manner you designate below to notify you.

HOW DO YOU WISH TO BE NOTIFIED?

□ BY PHONE:	□ BY TEXT:	
BY EMAIL:	PROVIDER:	
NAME:		
ADDRESS:		

WHO IS THE PARTICIPANT WHO WILL RECEIVE OUR SCHEDULED CHECK-IN CALLS?

NAME: _____

PHONE NO: _____

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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 checking the "phone call", "text" or "email" boxes above and signing below, you agree to receive autodialed, prerecorded calls and/or auto-generated text messages and/or email messages from or on behalf of CareRinger to the phone number or email address 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. Standard text message and data rates apply. Not all carriers are covered. You can always text STOP to notifications@careringer.com to stop getting text messages (a confirmation message will be sent). You can also email CareRinger at support@careringer.com to opt-out of this notification and/or end this service. Text HELP to notifications@careringer for help, or visit the CareRinger website at *www.careringer.com* for additional assistance. 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

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OFFI USE ONL	REMARKS:	



PAYMENT TERMS AND CONDITIONS

PHONE NUMBER: NAME: EMAIL: (Please send invoices to this email address)	
SELECTED PLAN:	 Standard Service. FEE: \$19.50/month or Premium Service. FEE: \$29.50/month

TERMS AND CONDITIONS: By signing below, I authorize CareRinger – or a third party on CareRinger's behalf – to initiate a charge or debit entry on my credit card, debit card or deposit account (as applicable) corresponding to the fee above (or otherwise equal to the currently outstanding balance of my CareRinger customer account). To be able to pay for the CareRinger service, I understand that I must provide certain financial account information, including, without limitation, my credit or debit card number, the expiration date of my credit or debit card, the name on my credit or debit card, and/or my billing address. I REPRESENT AND WARRANT THAT I HAVE THE LEGAL RIGHT TO USE ANY CREDIT OR DEBIT CARD OR OTHER PAYMENT METHOD THAT I PROVIDE IN CONNECTION WITH ANY TRANSACTION. I agree that CareRinger (or a third party on CareRinger's behalf) has the right to provide and transmit such information to facilitate and complete a transaction initiated by me or on my behalf. I understand that CareRinger (or a third party on CareRinger's behalf) has the right to provide and transmit such information to facilitate and complete a transaction initiated by me or on my behalf. I understand that CareRinger (or a third party on CareRinger's behalf) has the right to provide and transmit such information to facilitate and complete a transaction initiated by me or on my behalf. I understand that CareRinger (or a third party on CareRinger's behalf) has the right to provide and transmit such information to facilitate and complete a transaction initiated by me or on my expense that I may incur from exceeding my credit limit or overdrafting my account as a result of a charge or debit made under this Agreement. I understand that CareRinger may suspend or terminate my services, including upon rejection of any credit card charges or if my card issuer (or its agent or affiliate) seeks the return of payments previously made to CareRinger. I understand that the CareRinger service is also subject to the terms and conditions found in the Serv

□ Please auto-renew my subscription to my CareRinger service plan.

I understand that auto-renewal means my subscription will be automatically renewed using the financial account information provided to CareRinger (or a third party on CareRinger's behalf) and associated with my CareRinger account, at the same rate, at the frequency I have selected, unless I cancel (as described here). I understand that I will receive an e-mail confirmation of my auto-renewal selection once I complete this payment process. To cancel my subscription at any time, I can send an email to support@careringer.com. I understand that I must notify CareRinger of my intent to cancel at least 30 days prior to the end of my subscription term. To the extent possible under the governing law, CareRinger may change the CareRinger services fees or charge additional fees for features and functionalities that are not a part of the CareRinger services. I understand that, if I am dissatisfied with the fee changes or additional charges, I may terminate my use of the CareRinger Services within 30 days of the implementation of such fee changes or additional charges and be entitled to a pro-rated refund of any of your paid for, but unused, fees for using the CareRinger services. CareRinger will provide notice by email to the email address on record for your account in advance of any fee changes or new fees. If my financial account information changes, I understand that I am responsible for promptly notifying CareRinger in writing, and I hereby grant authority for CareRinger to charge or debit my new account.

SIGNATURE:	 DATE	/	/	

PRINT NAME: _____

www.careringer.com

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