Health		5406UE06
SUBSCRIBER AGREEMENT FOR MEDICAL ALERT/	FOR INT	ERNAL USE ONLY
	CS Monitoring	
800.568.1216 C	Customer	
	Account No.	
	Provider No.	
1. Subscriber (Person responsible for payment for services and all oth	her Agreement ob	ligations)
Name	LAST	NAME
Street Address		
City		State
ZIP Telephone Gender: O M C	E Date	e of Birth MM/DD/YY
EMAIL		
2. User (if Section 2 is left blank, then Subscriber is the user of the s	system at the abo	
Name	LAST	NAME
Street Address		
City		State
ZIP Telephone Gender: O M C	> F Date	e of Birth MM/DD/YY
If I have provided or do provide ADT with a phone number, including but not I later convert to a cell phone number, or any number that I subsequently pr solicitation purposes, I agree that ADT may contact me at this/these number(as pre-recorded messages and calls and messages from automated dialing systems)	ovide for billing serv (s). I also agree to re	vices for billing and other non- eceive calls and messages such
Send all correspondence to: \bigcirc SUBSCRIBER \bigcirc USER (If Applicable)		
3. Services Subject to the terms and conditions of this Agreement, ADT LLC dba ADT Set the services designated and described below:	ecurity Services ("A	DT") will provide and perform
ITEM	Initial Charge	e(s) Monthly Charge(s)
 ○ System Type: ○ Medical Alert Basic ○ Medical Alert Plus ○ Other 	\$	\$
Button Type: O Pendant O Wristband (White) O Wristband (Black)		
If Fall Detection as primary button, check pendant and list below Additional Devices/Services (one per line below), including fall detection button, extra pendant, extra wristband with color, lanyards, voice expansion module, lock box, carrying case	-	
Additional Device/Service	\$	\$
Additional Device/Service	\$	\$
Additional Device/Service	\$	
 Professional Placement 	\$	
Shipping	\$	
τοτα	\L \$	\$

ADT	Health
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4. Hidden Key/Lock Box Location
5. Directions/Cross Street
6. Emergency Contacts
Name
Primary Phone Has Key to Residence
Email Address
Name
Primary Phone Has Key to Residence
Email Address
Name
Primary Phone
Email Address
Subscriber authorizes ADT to contact emergency authorities if ADT is unable to make contact with the User at their Premises (or over their mobile device) if ADT receives an Alarm from the Medical Alert/Emergency Response System. Subscriber authorizes ADT to disclose the location of any hidden key to emergency authorities and Emergency Contact(s) for the purpose of gaining entry to the Premises to provide emergency assistance.
Subscriber also authorizes ADT to contact the Emergency Contacts listed in priority order above.
 By filling in this oval you are requesting ADT to contact the Emergency Contacts listed <u>before</u> ADT endeavors to notify the emergency authorities.
7. Payment Terms
Subscriber agrees to pay ADT the Initial Charge(s) indicated above in Section 3 when the unit is activated. Further, Subscriber agrees to pay the Monthly Service Charge indicated above in advance for as long as this Agreement is in effect. SUBSCRIBER AGREES TO RETURN THE SYSTEM WITHIN THIRTY (30) DAYS FOLLOWING THE EXPIRATION OR TERMINATION OF THIS AGREEMENT IN GOOD CONDITION OR TO PAY THE SUM OF \$250.00 FOR NOT RETURNING THE SYSTEM AS AGREED UPON LIQUIDATED DAMAGES AND NOT AS A PENALTY.
Subscriber agrees to be solely responsible for any and all taxes, fees, or charges, including sales/use tax, alarm license fees and false alarm assessments, levied or imposed by any government authority on any charges provided under this Agreement.
8. Billing
Check received for: Initial Charges:
○ Annual Service Charges Collected:

5406UE06



8. Billing (cont.)

By my signature on Page 3 of this Agreement, I authorize ADT t card for all Charges as set forth below:	o withdraw from my bank account and/or charge my credit/debit		
○ Annually ○ Semi-Annually ○ Quarterly ○ Monthly	○ Initial Placement		
If no billing period oval is filled above, my recurring service charges will be charged monthly.	 All/Recurring Service Charges Annually Semi-Annually Quarterly Monthly 		
Choose one: Checking Savings 	If no billing period oval is filled above, my recurring		
Name of Bank/Credit Union	service charges will be charged monthly.		
	○ VISA ○ MasterCard ○ Discover ○ AMEX		
ABA Routing Number Bank Account Number	Credit/Debit Card Number Exp. Date		
Recurring Service Charge Amount as set forth in Section 3, plus tax.	Recurring Service Charge Amount as set forth in Section 3, plus tax.		
Name as it appears on bank account	Cardholder's Name		
This authorization will remain in effect until the termination date of this revoke this authorization only by notifying ADT and my bank or credit car I agree to notify ADT of any other changes in my account information a withdrawal changes, ADT will notify me at least 15 days prior to the pa payment may be executed on the next business day. Because this is ar each month as early as the transaction date. If an ACH transaction is r charge again within 30 days, and an NSF charge may apply. The origina			
○ To send me a bill: ○ Annually ○ Semi-Annually ○ Quarterly	✓ ○ Other DOA Approval If no oval is filled, ADT will send bill quarterly.		
9. Please Sign Below			
RIGHT TO CANCEL YOU MAY CANCEL THIS AGREEMENT AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY FOLLOWING THE DATE OF THIS TRANSACTION. SEE NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT. IF THE TRANSACTION OCCURRED IN CALIFORNIA OR NEW YORK, THE TIME TO CANCEL IS SEVEN DAYS.			
THIS AGREEMENT SHALL NOT BE BINDING UPON ADT UNLESS APPROSUCH APPROVAL IS NOT OBTAINED, THE SOLE LIABILITY OF ADT SH. PAID TO ADT BY SUBSCRIBER.	ALL DE TO DEFUND TO CUDOODIDED ANY AMOUNT THAT HAS DEEN		
	M M / D D / Y Y Rep. License No.		
ADT Representative			
Accepted and Copy Received By:			
Subscriber Name			
X	MM/DD/YY		
Subscriber Signature			

ADI	Health		5406UE06
EMERGE	.S. Hwy. 19 North Palm Harbor, FL 34684 .1216	FOR INT CS Monitoring Account No. Customer Account No.	
Direct to	o Consumer: ○ Yes ○ No	Provider No.	
1. Subs	criber (Person responsible for payment for services and all of	ther Agreement ob	ligations)
Name			
Street A	ddress		
City	County		State
ZIP	Telephone	⊃F Dat	e of Birth
EMAIL			
2. User	(if Section 2 is left blank, then Subscriber is the user of the	system at the abo	ve address)
Name			
Street A	ddress		
City	County		State
ZIP	Telephone Gender: O M	⊃F Dat	e of Birth
I later co solicitatio	provided or do provide ADT with a phone number, including but no provert to a cell phone number, or any number that I subsequently p on purposes, I agree that ADT may contact me at this/these number ecorded messages and calls and messages from automated dialing s	rovide for billing ser (s). I also agree to r	vices for billing and other non- eceive calls and messages such
	correspondence to: SUBSCRIBER USER (If Applicable) 	,	
3. Servi	ices		
	to the terms and conditions of this Agreement, ADT LLC dba ADT S ices designated and described below:	Security Services ("A	DT") will provide and perform
	ITEM	Initial Charge	e(s) Monthly Charge(s)
0	System Type: O Medical Alert Basic O Medical Alert Plus O Other	\$	\$
	pe: \bigcirc Pendant \bigcirc Wristband (White) \bigcirc Wristband (Black) ection as primary button, check pendant and list below		
	Additional Devices/Services (one per line below), including fall detection button, extra pendant, extra wristband with color, lanyards, voice expansion module, lock box, carrying case		
0	Additional Device/Service	\$	\$
0	Additional Device/Service	\$	\$
0	Additional Device/Service	\$	\$
0	Professional Placement	\$	
0	Shipping	\$	
	тот	AL \$	\$

ADT Health	5406UE06
4. Hidden Key/Lock Box Location	
5. Directions/Cross Street	
6. Emergency Contacts	
Name	
Primary Phone	Key to Residence
Email Address	
Name	
Primary Phone	Key to Residence
Email Address	
Name	
	Key to Residence
Email Address	
Subscriber authorizes ADT to contact emergency authorities if ADT is unable to make contact with the their mobile device) if ADT receives an Alarm from the Medical Alert/Emergency Response System. Subscri location of any hidden key to emergency authorities and Emergency Contact(s) for the purpose of gaining emergency assistance.	ber authorizes ADT to disclose the
Subscriber also authorizes ADT to contact the Emergency Contacts listed in priority order above.	
 By filling in this oval you are requesting ADT to contact the Emergency Contacts listed <u>before</u> ADT er authorities. 	ndeavors to notify the emergency
7. Payment Terms	
Subscriber agrees to pay ADT the Initial Charge(s) indicated above in Section 3 when the unit is activated. Fu Monthly Service Charge indicated above in advance for as long as this Agreement is in effect. SUBSCRIBER A WITHIN THIRTY (30) DAYS FOLLOWING THE EXPIRATION OR TERMINATION OF THIS AGREEMENT IN GO SUM OF \$250.00 FOR NOT RETURNING THE SYSTEM AS AGREED UPON LIQUIDATED DAMAGES AND NOT	AGREES TO RETURN THE SYSTEM DOD CONDITION OR TO PAY THE
Subscriber agrees to be solely responsible for any and all taxes, fees, or charges, including sales/use tax, a assessments, levied or imposed by any government authority on any charges provided under this Agreement	
8. Billing	
Check received for: ○ Initial Charges: # Amount \$ Amount \$	Check Confirmation #
O Annual Service Charges Collected:	Check Confirmation #



8. Billing (cont.)

AD

Health

By my signature on Page 3 of this Agreement, I authorize ADT t card for all Charges as set forth below:	o withdraw from my bank account and/or	charge my credit/debit	
○ Annually ○ Semi-Annually ○ Quarterly ○ Monthly			
If no billing period oval is filled above, my recurring	○ All/Recurring Service Charges		
service charges will be charged monthly.	○ Annually ○ Semi-Annually ○ Quar	terly O Monthly	
Choose one: O Checking O Savings	If no billing period oval is filled above,		
Name of Bank/Credit Union	service charges will be charged monthly		
	○ VISA ○ MasterCard ○ Discover ○		
ABA Routing Number Bank Account Number	Credit/Debit Card Number	Exp. Date	
Recurring Service Charge Amount as set forth in Section 3, plus tax.	Recurring Service Charge Amount as se Section 3, plus tax.	et forth in	
Name as it appears on bank account	Cardholder's Name		
I authorize ADT to withdraw the amounts in this section from my bank This authorization will remain in effect until the termination date of this revoke this authorization only by notifying ADT and my bank or credit car I agree to notify ADT of any other changes in my account information at withdrawal changes, ADT will notify me at least 15 days prior to the pa payment may be executed on the next business day. Because this is an each month as early as the transaction date. If an ACH transaction is re charge again within 30 days, and an NSF charge may apply. The origina of U.S. law. I am an authorized user of this bank account or credit card, so long as the amount corresponds to the terms indicated in this Agreen	Agreement or until I cancel the Agreement, wh d company at least 10 business days before the t least 15 days prior to the next billing date. If syment being collected. If a payment date fall electronic transaction, these funds may be w ejected for non-sufficient funds (NSF), ADT m tion of ACH transactions to my account must and I will not dispute the payment with my cre	hichever occurs first. I may scheduled debit or charge. the date or amount of the s on a weekend or holiday, ithdrawn from my account hay attempt to process the comply with the provisions edit card company or bank,	
\odot To send me a bill: \bigcirc Annually \bigcirc Semi-Annually \bigcirc Quarterly	○ Other DOA Approval	If no oval is filled, ADT will send bill quarterly.	
9. Please Sign Below			
RIGHT TO CANCEL YOU MAY CANCEL THIS AGREEMENT AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY FOLLOWING THE DATE OF THIS TRANSACTION. SEE NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT. IF THE TRANSACTION OCCURRED IN CALIFORNIA OR NEW YORK, THE TIME TO CANCEL IS SEVEN DAYS.			
THIS AGREEMENT SHALL NOT BE BINDING UPON ADT UNLESS APPRO SUCH APPROVAL IS NOT OBTAINED, THE SOLE LIABILITY OF ADT SHA PAID TO ADT BY SUBSCRIBER.			
		ep. License No.	
ADT Representative			
Accepted and Copy Received By: Subscriber Name			
X			
Subscriber Signature			

		5406UE06
SUBSCRIBER AGREEMENT FOR MEDICAL ALERT/	FOR INTERN	AL USE ONLY
EMERGENCY RESPONSE SYSTEM ADT LLC dba ADT Security Services 22100 LLS Hung 10 North Dalm Harbor EL 24684	CS Monitoring Account No.	
32100 U.S. Hwy. 19 North Palm Harbor, FL 34684 800.568.1216	Customer Account No.	
Direct to Consumer: O Yes O No	Provider No.	
1. Subscriber (Person responsible for payment for services and all	other Agreement obligat	ions)
Name		
Street Address		
City	y	State
ZIP Telephone Gender: O M	, ○ F Date of E	Birth
2. User (if Section 2 is left blank, then Subscriber is the user of the	e system at the above a	ddress)
Name		
Street Address		
City	v	
ZIP Telephone Gender: O M		
If I have provided or do provide ADT with a phone number, including but I later convert to a cell phone number, or any number that I subsequently	not limited to a cell phone r provide for billing services	number, or a number that for billing and other non-
solicitation purposes, I agree that ADT may contact me at this/these numb as pre-recorded messages and calls and messages from automated dialing	er(s). I also agree to receive systems at the number(s)	provided.
Send all correspondence to: SUBSCRIBER USER (If Applicable) 		·
3. Services		
Subject to the terms and conditions of this Agreement, ADT LLC dba ADT the services designated and described below:	Security Services ("ADT")	will provide and perform
ITEM	Initial Charge(s)	Monthly Charge(s)
 ○ System Type: ○ Medical Alert Basic ○ Medical Alert Plus ○ Other 	\$	\$
Button Type:		
Additional Devices/Services (one per line below), including fall detection button, extra pendant, extra wristband with color, lanyards, voice expansi module, lock box, carrying case	on	
 Additional Device/Service 	\$	\$
Additional Device/Service	\$	\$
Additional Device/Service	\$	\$
Professional Placement	\$	
○ Shipping	\$	
ТС	TAL \$	\$

Customer Copy

ADT Health	5406UE06
4. Hidden Key/Lock Box Location	
5. Directions/Cross Street	
6. Emergency Contacts	
Name	
Primary Phone	Key to Residence
Email Address	
Name	
Primary Phone	Key to Residence
Email Address	
Name	
	Key to Residence
Email Address	
Subscriber authorizes ADT to contact emergency authorities if ADT is unable to make contact with the their mobile device) if ADT receives an Alarm from the Medical Alert/Emergency Response System. Subscri location of any hidden key to emergency authorities and Emergency Contact(s) for the purpose of gaining emergency assistance.	ber authorizes ADT to disclose the
Subscriber also authorizes ADT to contact the Emergency Contacts listed in priority order above.	
 By filling in this oval you are requesting ADT to contact the Emergency Contacts listed <u>before</u> ADT er authorities. 	ndeavors to notify the emergency
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Subscriber agrees to pay ADT the Initial Charge(s) indicated above in Section 3 when the unit is activated. Fu Monthly Service Charge indicated above in advance for as long as this Agreement is in effect. SUBSCRIBER A WITHIN THIRTY (30) DAYS FOLLOWING THE EXPIRATION OR TERMINATION OF THIS AGREEMENT IN GO SUM OF \$250.00 FOR NOT RETURNING THE SYSTEM AS AGREED UPON LIQUIDATED DAMAGES AND NOT	AGREES TO RETURN THE SYSTEM DOD CONDITION OR TO PAY THE
Subscriber agrees to be solely responsible for any and all taxes, fees, or charges, including sales/use tax, a assessments, levied or imposed by any government authority on any charges provided under this Agreement	
8. Billing	
Check received for: ○ Initial Charges: # Amount \$ Amount \$	Check Confirmation #
O Annual Service Charges Collected:	Check Confirmation #



8. Billing (cont.)

AD

Health

By my signature on Page 3 of this Agreement, I authorize ADT t card for all Charges as set forth below:	o withdraw from my bank account and/or	charge my credit/debit	
○ Annually ○ Semi-Annually ○ Quarterly ○ Monthly			
If no billing period oval is filled above, my recurring	○ All/Recurring Service Charges		
service charges will be charged monthly.	○ Annually ○ Semi-Annually ○ Quar	terly O Monthly	
Choose one: O Checking O Savings	If no billing period oval is filled above,		
Name of Bank/Credit Union	service charges will be charged monthly		
	○ VISA ○ MasterCard ○ Discover ○		
ABA Routing Number Bank Account Number	Credit/Debit Card Number	Exp. Date	
Recurring Service Charge Amount as set forth in Section 3, plus tax.	Recurring Service Charge Amount as se Section 3, plus tax.	et forth in	
Name as it appears on bank account	Cardholder's Name		
I authorize ADT to withdraw the amounts in this section from my bank This authorization will remain in effect until the termination date of this revoke this authorization only by notifying ADT and my bank or credit car I agree to notify ADT of any other changes in my account information at withdrawal changes, ADT will notify me at least 15 days prior to the pa payment may be executed on the next business day. Because this is an each month as early as the transaction date. If an ACH transaction is re charge again within 30 days, and an NSF charge may apply. The origina of U.S. law. I am an authorized user of this bank account or credit card, so long as the amount corresponds to the terms indicated in this Agreen	Agreement or until I cancel the Agreement, wh d company at least 10 business days before the t least 15 days prior to the next billing date. If syment being collected. If a payment date fall electronic transaction, these funds may be w ejected for non-sufficient funds (NSF), ADT m tion of ACH transactions to my account must and I will not dispute the payment with my cre	hichever occurs first. I may scheduled debit or charge. the date or amount of the s on a weekend or holiday, ithdrawn from my account hay attempt to process the comply with the provisions edit card company or bank,	
\odot To send me a bill: \bigcirc Annually \bigcirc Semi-Annually \bigcirc Quarterly	○ Other DOA Approval	If no oval is filled, ADT will send bill quarterly.	
9. Please Sign Below			
RIGHT TO CANCEL YOU MAY CANCEL THIS AGREEMENT AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY FOLLOWING THE DATE OF THIS TRANSACTION. SEE NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT. IF THE TRANSACTION OCCURRED IN CALIFORNIA OR NEW YORK, THE TIME TO CANCEL IS SEVEN DAYS.			
THIS AGREEMENT SHALL NOT BE BINDING UPON ADT UNLESS APPRO SUCH APPROVAL IS NOT OBTAINED, THE SOLE LIABILITY OF ADT SHA PAID TO ADT BY SUBSCRIBER.			
		ep. License No.	
ADT Representative			
Accepted and Copy Received By: Subscriber Name			
X			
Subscriber Signature			

IMPORTANT TERMS AND CONDITIONS

This Agreement is between the Subscriber ("Subscriber" or "You" or "Your") and ADT LLC dba ADT Security Services ("ADT" or "we" or "our" or "us"). The terms and conditions of this Agreement apply to and benefit both the Subscriber and, if applicable, the User. The purpose of this Agreement is to provide You with (i) a Medical Alert/ Emergency Response System ("System"). You agree to pay the charges for the System and Alarm Monitoring Services in the manner and amounts specified in this Agreement. This Agreement explains Your duties and responsibilities to ADT and ADT's duties and responsibilities to You in providing the System and performing the Service, including, but not limited to, Alarm Monitoring Services. "Alarm Monitoring Services" refer to (and only include) ADT's receipt of and response to Alarms received by ADT from the System placed at the Premises as further described in Paragraph 3a below.

1. THE SYSTEM.

You agree to read and follow all of the instructions in the System User's Guide/Owner's Manual. The System consists of components that are subject to aging and could possibly fail at any time. You agree to test the System monthly and maintain it as described in the System User's Guide/Owner's Manual. You also agree to have it immediately repaired or replaced when it fails to test properly. IN-HOME SYSTEMS MUST BE LOCATED AND USED AT THE PREMISES, AND MUST NOT BE MOVED TO ANOTHER ADDRESS WITHOUT NOTIFYING US IN WRITING AT LEAST THIRTY (30) DAYS IN ADVANCE.

You hereby agree to (a) place and set up the System according to the directions provided by ADT (or allow ADT designated representatives access to the Premises to place the System if You request such service, at an extra charge), (b) provide and be responsible for suitable electrical and communication service for placement and operation of the System, and (c) replace the batteries in the System, as needed.

2. REPAIR POLICY; DISCLAIMER OF WARRANTIES; TITLE TO SYSTEM.

a. Repair Obligations: ADT, at its own expense, shall, during the term provide any repairs, component parts and labor to the System made necessary as a result of ordinary wear and tear to, or defective materials contained within the System. All other repairs or replacements of the System, including, but not limited to, (i) any repairs or replacements of or to the System made necessary because of abuse or misuse of the System, or use by unauthorized persons, or (ii) if for any other reason ADT determines that the System is not operating properly as a result of causes other than ordinary wear and tear or defective materials, shall be made by ADT at Your cost and expense and shall be billed to You at ADT's then-prevailing retail rates in addition to all other Charges hereunder.

b. Disclaimers of Warranties: You acknowledge and agree that ADT has made no representations or warranties, nor have You relied on any representations or warranties, express or implied, except as specifically set forth in this Agreement. You also acknowledge that You have read and understood this Agreement, particularly Paragraph 4, which sets forth ADT's maximum liability in the event of any loss, damage, injury, or death to You or anyone else. FURTHER, THERE IS EXPRESSLY EXCLUDED FROM THIS AGREEMENT THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. Some states do not allow limitations on how long an implied warranty lasts or the exclusion or limitation of incidental or consequential damages, so the above limitations or exclusions may not apply to You. The warranties contained in the Agreement give You specific legal rights and You may also have other rights that vary from state to state.

c. Title To System: The System shall at all times remain the sole property of ADT unless a Customer-Owned Package is purchased. You will not damage, tamper with, encumber or dispose of any ADT-owned System or permit any System to be damaged, tampered with, encumbered, disposed of, or repaired by anyone other than authorized agents of ADT. In the event of loss or damage to the ADT-owned System or any part thereof, You agree to pay ADT the reasonable value thereof or the cost of repairs, as determined by ADT but not to exceed \$250. At the expiration of the Agreement, or in the event of a default in performance by You, You agree to return each ADT-owned System to ADT within thirty (30) days or be liable to pay ADT the sum of \$250.00 for each System not so returned as agreed upon liquidated damages and not as a penalty. Return of the System will not affect our legal right to collect any and all sums due under this Agreement, including, but not limited to, any Charges. You will return each System to ADT in good condition, reasonable wear and tear excepted.



3. ALARM MONITORING SERVICES, KEY LOCK BOX SERVICES, TERM, CHARGES AND PERMITS.

ADT will perform and provide the following Alarm Monitoring a. Services. Your Alarm Monitoring Services shall commence once the System has been delivered and activated. If an alarm signal from the System actually registers at our monitoring center (each, an "Alarm"), then we will attempt to contact Subscriber's or, if applicable, User's telephone number listed above (the "Telephone Number") or use Two-Way Voice to verify that the Alarm is not false. If we are unable to reach anyone at the Telephone Number or if we do not receive information indicating that the ALARM is in fact false, we will endeavor to notify emergency authorities and/or other Emergency Contact(s). If applicable, location services will be provided. You further understand, acknowledge and agree that the very nature of the Alarm Monitoring Services, regardless of any delay, involves uncertainty, risk and possible serious injury, disability or death, for which You will not attempt to hold ADT responsible or liable; that the System is not foolproof and may experience signal transmission failures or delays for any number of reasons; and that the actual time required for emergency authorities to arrive at the Premises or identified location and/or to transport any person requiring medical attention is unpredictable with many contributing factors, including, but not limited to, telephone network operation, distance, weather, road and traffic conditions and human factors, both within and outside of ADT's control. You understand that the System uses standard and digital cellular telephone transport and other modes of communication for sending alarms, and ADT will not receive an Alarm when the communication mode is not operating or has been cut, interfered with or is otherwise damaged, or if the System is unable to acquire, transmit or maintain a signal over the telephone, digital cellular or other communication mode for any reason. Accordingly, You expressly represent, warrant and agree that our performance of, delay in performance of, or failure to perform service, including, but not limited to, any Alarm Monitoring Services under the Agreement, shall in all events be subject to and controlled by this Agreement.

If Subscriber selected to receive, or have the User receive, Key b. Lock Box services in Section 2, the Key Lock Box furnished by ADT may be opened by emergency responders using a combination/code ("Code") created by Subscriber, User or their authorized representative. Emergency responders in possession of the Code may open the Key Lock Box and gain access to the Premises using the key deposited in the Key Lock Box. By providing ADT with the Code, Subscriber authorizes ADT and its Customer Monitoring Center personnel to disclose the Code to emergency responders for the purpose of gaining entry to the Premises, administering assistance or any other activity in response to an alarm signal. Subscriber and, if applicable, User, are responsible to (a) ensure that the key deposited in the Key Lock Box functions properly, is kept current, and is returned to the Key Lock Box after use; (b) notify ADT of any changes to the Code or if the Key Lock Box fails to operate properly; (c) keep the Key Lock Box secure and in good working order. ADT is not an insurer against theft, loss, vandalism, injury, or damage attributed to the use of a Key Lock Box or the Premises key located therein. Subscriber is advised to verify the existence of, or obtain, appropriate insurance to cover Subscriber for such risk. ADT's provision of Key Lock Box services are subject to the limited liability provisions in Paragraph 4 below.

c. ADT will provide Services as described in this Agreement, and You agree to pay us a Monthly Service Charge (plus any applicable sales or other tax). This Agreement will automatically renew for successive thirty (30)-day periods. When terminated, this Agreement ends on the last day of the then-current term. YOU AGREE TO RETURN THE SYSTEM WITHIN THIRTY (30) DAYS FOLLOWING THE EXPIRATION OR TERMINATION OF THIS AGREEMENT IN GOOD CONDITION OR TO PAY THE SUM OF \$250.00 FOR NOT RETURNING THE ADT-OWNED SYSTEM AS AGREED UPON LIQUIDATED DAMAGES AND NOT AS A PENALTY. The Monthly Service Charges are payable monthly in advance and will be automatically charged to Your credit card or debited from a bank account authorized by You as indicated on the

front side of this Agreement or paid by You directly to ADT. You agree to pay: all false alarm assessments, taxes, permits or other fees or charges of any police department or other governmental body and all telephone company charges.

d. If You are paying by credit card and the credit card authorization indicated in the Payment Options section of this Agreement is canceled for any reason, and if You fail to provide us with a replacement credit card within three (3) days after any such cancellation, then You will be in breach of this Agreement and will have to pay us an additional \$25.00 administrative fee. All delinquent amounts may be assessed (i) a late fee of \$25.00 for each month that a payment is not received, and (ii) interest on all outstanding amounts equal to eighteen percent (18%) per annum or the highest rate permitted by applicable law, whichever is less.

e. You acknowledge that we may, upon ten (10) days written notice to You, cancel this Agreement and stop providing the Alarm Monitoring Services if: (A) You are paying by credit card and the credit card authorization previously indicated is canceled for any reason and You fail to provide us with a replacement credit card within three (3) days after any such cancellation; (B) You otherwise fail to pay any Charges or other monies due under this Agreement by its due date; (C) You fail to comply with any other term or condition of this Agreement; or (D) You fail to maintain your Premises in a safe condition. Additionally, we may, at any time, cancel this Agreement if: (i) our customer monitoring center is destroyed or damaged so that it is impractical for us to continue any Services, or we otherwise lose the ability to provide any Services; (ii) You fail to follow our recommendations to repair or replace any defective parts of the System; (iii) You fail to follow the User's Guide/Owner's Manual for the System; or (iv) if You misuse the System or any service by sending multiple non-emergency signals for any reason. If we cancel for any of the reasons stated in this Agreement, we will not be liable for damages or subject to penalty as a result of such termination.

4. NO LIABILITY; LIMITED LIABILITY.

a. WE ARE NOT AN INSURER. YOU AGREE THAT YOU WILL OBTAIN FROM AN INSURER ANY INSURANCE YOU DESIRE. THE AMOUNT OF THE CHARGE IS BASED UPON THE SERVICE(S) WE PERFORM AND THE LIMITED LIABILITY WE ASSUME UNDER THIS AGREEMENT. IN THE EVENT OF ANY LOSS OR INJURY TO ANY PERSON OR PROPERTY, YOU AGREE TO LOOK EXCLUSIVELY TO YOUR INSURER TO RECOVER DAMAGES. YOU WAIVE ALL SUBROGATION AND OTHER RIGHTS OF RECOVERY AGAINST US THAT ANY INSURER OR OTHER PERSON MAY HAVE AS A RESULT OF PAYING ANY CLAIM FOR LOSS OR INJURY TO ANY OTHER PERSON.

b. IT WILL BE EXTREMELY DIFFICULT TO DETERMINE THE ACTUAL DAMAGES THAT MAY RESULT FROM OUR FAILURE TO PERFORM DUTIES UNDER THIS AGREEMENT OR FROM THE FAILURE OF ANY SYSTEM OR SERVICE IN ANY OTHER REGARD. YOU AGREE THAT WE ARE EXEMPT FROM LIABILITY FOR ANY LOSS, DAMAGE, INJURY OR OTHER CONSEQUENCE ARISING DIRECTLY OR INDIRECTLY FROM THE SERVICES WE PERFORM OR FAIL TO PERFORM OR ANY SYSTEM WE PROVIDE UNDER THIS AGREEMENT. IF IT IS DETERMINED THAT WE ARE DIRECTLY OR INDIRECTLY RESPONSIBLE FOR ANY SUCH LOSS, DAMAGE, INJURY, OR OTHER CONSEQUENCE, YOU AGREE THAT DAMAGES SHALL BE LIMITED TO THE GREATER OF \$250 OR 10% OF THE MONTHLY SERVICE CHARGE YOU PAY UNDER THIS AGREEMENT. THESE AGREED UPON DAMAGES ARE NOT A PENALTY. THEY ARE YOUR SOLE REMEDY NO MATTER HOW THE LOSS, DAMAGE, INJURY, OR OTHER CONSEQUENCE IS CAUSED, EVEN IF CAUSED BY OUR NEGLIGENCE, GROSS NEGLIGENCE, FAILURE TO PERFORM DUTIES UNDER THIS AGREEMENT, STRICT LIABILITY, FAILURE TO COMPLY WITH THE REQUIREMENTS OF ANY LAWS THAT MAY APPLY TO US OR TO YOU OR YOUR PREMISES, OR OTHER FAULT. AT YOUR REQUEST, WE MAY ASSUME ADDITIONAL LIABILITY BY ATTACHING AN AMENDMENT TO THIS AGREEMENT STATING THE EXTENT OF OUR ADDITIONAL LIABILITY AND THE ADDITIONAL COST TO YOU. YOU AGREE THAT WE ARE NOT AN INSURER EVEN IF WE ENTER INTO ANY SUCH AN AMENDMENT.

c. YOUR EXCLUSIVE DAMAGE AND LIABILITY REMEDIES ARE SET FORTH IN PARAGRAPH 4b ABOVE. YOU AGREE THAT WE ARE NOT LIABLE TO YOU OR ANY OTHER PERSON FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES. IN THE EVENT ANY LAWSUIT OR OTHER CLAIM IS FILED BY ANY OTHER PARTY AGAINST US ARISING OUT OF THE SERVICES WE PERFORM OR FAIL TO PERFORM OR ANY SYSTEM WE PROVIDE UNDER THIS AGREEMENT, YOU AGREE



TO BE SOLELY RESPONSIBLE FOR, AND TO DEFEND AND HOLD US COMPLETELY HARMLESS FROM, SUCH LAWSUIT OR OTHER CLAIM, INCLUDING, BUT NOT LIMITED TO, YOUR PAYMENT OF ALL DAMAGES, EXPENSES, COSTS AND ATTORNEYS' FEES THAT WE INCUR. THESE OBLIGATIONS WILL SURVIVE THE EXPIRATION OR EARLIER TERMINATION OF THIS AGREEMENT. THESE OBLIGATIONS WILL APPLY EVEN IF SUCH LAWSUIT OR OTHER CLAIM ARISES OUT OF OUR NEGLIGENCE, GROSS NEGLIGENCE, FAILURE TO PERFORM DUTIES UNDER THIS AGREEMENT, STRICT LIABILITY, FAILURE TO COMPLY WITH ANY APPLICABLE LAW, OR OTHER FAULT.

d. YOU AGREE TO FILE ANY LAWSUIT OR OTHER ACTION YOU MAY HAVE AGAINST US OR OUR AGENTS, EMPLOYEES, SUBSIDIARIES, AFFILIATES, OR PARENT COMPANIES WITHIN ONE (1) YEAR FROM THE DATE OF THE EVENT THAT CAUSED THE LOSS, DAMAGE OR LIABILITY.

e. YOU AGREE THAT WE HAVE NO RESPONSIBILITY OR LIABILITY TO YOU OR ANY OTHER PERSON FOR YOUR/OUR DELAY IN THE DELIVERY OR REPAIR OF ANY SYSTEM OR THE PERFORMANCE OF ANY SERVICE, REGARDLESS OF THE REASON, OR FOR ANY RESULTING CONSEQUENCES. YOU ALSO AGREE THAT WE HAVE NO RESPONSIBILITY OR LIABILITY FOR INTERRUPTIONS OF ANY SERVICE, OR ANY RESULTING CONSEQUENCES, WHETHER DUE TO STRIKE, RIOT, FLOOD, FIRE, ACT OF GOD, OR ANY OTHER CAUSE WITHIN OR BEYOND OUR CONTROL. DURING ANY SUCH SERVICE INTERRUPTION, WE HAVE NO OBLIGATION TO SUPPLY YOU SUBSTITUTE SERVICES.

f. BENEFIT TO OTHERS. THE PROVISIONS OF THIS AGREEMENT, SPECIFICALLY INCLUDING THIS PARAGRAPH 4, SHALL APPLY TO AND BENEFIT ADT AND ITS AGENTS, EMPLOYEES, CONTRACTORS, SUBSIDIARIES, DEALERS, AFFILIATES, PARENTS (BOTH DIRECT AND INDIRECT), AFFINITY MARKETERS AND OTHER PARTNERS.

ARBITRATION. ADT AND I AGREE THAT ANY AND ALL DISPUTES 5. BETWEEN US SHALL BE GOVERNED BY THIS BINDING ARBITRATION AGREEMENT. Arbitration is a dispute-resolution process that does not involve a judge or jury. Instead, Disputes are decided by a neutral third-party arbitrator in a process that is less formal than court. As used herein, the term "Dispute" means any claim or controversy, including, but not limited to, initial claims, counterclaims, cross-claims and third-party claims, whether based in contract; tort; fraud; intentional acts; violation of any statute, code or regulation; or other legal theory. The term "Dispute" shall be given the broadest possible meaning and will apply to, without limitation, all claims and controversies arising from this Agreement; sales activities; goods and services; advertisements, promotions and other statements; billing and collection practices; privacy; and any other dispute arising from my interaction or relationship with ADT. ADT agrees not to elect arbitration if I file a Dispute in a small claims court in my state of residency so long as the Dispute is individual and non-representative in nature and remains exclusively as such in small claims court. Pre-Arbitration Notice Requirement. Before initiating an arbitration or a small claims matter, ADT and I agree to first provide to the other a written "Notice of Dispute" that will contain: (a) a written description of the issue and the supporting documents and information, and (b) a specific request for money or other relief. A Notice of Dispute to ADT should be sent to: Litigation Department, ADT Security Services, 1501 Yamato Dr., Boca Raton, FL 33431. ADT will mail a Notice of Dispute to my protected Premises address. ADT and I agree to make attempts to resolve the Dispute prior to commencing an arbitration or small claims action. If an agreement cannot be reached within forty-five (45) days of receipt of the Notice of Dispute, ADT or I may commence an arbitration proceeding or small claims action. Initiation of Arbitration Proceeding. If either party elects to arbitrate a Dispute, the Dispute shall be resolved by arbitration pursuant to this Arbitration Agreement and the then-current code of proceedings of the national arbitration organization to which the Dispute is referred. A party may refer a Dispute to either the American Arbitration Association ("AAA") or the Judicial Arbitration and Mediation Services ("JAMS"). If ADT elects arbitration and chooses one of the organizations to administer, I may object and automatically have the other organization administer the

Important Terms and Conditions (continued)

proceedings simply by notifying ADT of my objection in writing within 30 days of my receipt of ADT's initial selection. To obtain a copy of the procedures, or to file a Dispute, I may contact the organizations at the following: (1) AAA, 335 Madison Avenue, New York, NY 10017, www.adr.org, and (2) JAMS, 1920 Main Street, Suite 300, Los Angeles, CA 92614, www.jamsadr.com. IF EITHER PARTY ELECTS TO ARBITRATE A DISPUTE, ADT AND I WAIVE THE RIGHT TO A JURY TRIAL AND TO OTHERWISE LITIGATE THE DISPUTE IN COURT. BY AGREEING TO ARBITRATE, THE PARTIES MAY ALSO WAIVE OTHER RIGHTS THAT WOULD OTHERWISE BE AVAILABLE IN COURT. FURTHER, IF EITHER PARTY ELECTS TO ARBITRATE A DISPUTE, I WAIVE MY RIGHT TO PARTICIPATE IN A REPRESENTATIVE CAPACITY OR TO PARTICIPATE AS A MEMBER OF ANY CLASS ACTION RELATING TO THE DISPUTE. This means that all Disputes selected for arbitration will be arbitrated on an individual basis, between ADT and me only, without exception. A Dispute cannot be joined or consolidated with any other claim or action. Arbitration Proceedings. Because my transaction(s) with ADT involves interstate commerce, this Arbitration Agreement and any Dispute arbitrated hereunder shall be governed by the Federal Arbitration Act ("FAA"). The JAMS or AAA code of procedures, as chosen, will govern the arbitration, but if there is a conflict between the applicable code of procedures and this Arbitration Agreement, this Arbitration Agreement shall control to the fullest extent permitted by the FAA. Unless otherwise agreed to by the parties, the arbitration will be conducted by a single, neutral arbitrator at a location within the federal judicial district in which I reside. Upon my request, ADT will reimburse me for all filing and administrative fees required for initiating the arbitration. Otherwise, each party is responsible for its own respective costs and fees, including, but not limited to, attorney and expert fees. The arbitrator shall apply applicable substantive law and, upon the request of either party, issue a written explanation of the basis for the decision.

6. OTHER PARTY'S LIMITATION. IF YOU PURCHASED EQUIPMENT OR SERVICES FROM US THROUGH ANOTHER BUSINESS OR PERSON, OR FROM US THROUGH A REFERRAL FROM ANOTHER BUSINESS OR PERSON, YOU AGREE THAT SUCH OTHER BUSINESS OR PERSON ACTS SOLELY AS AN INDEPENDENT CONTRACTOR AND HAS NO RESPONSIBILITY OR LIABILITY TO YOU FOR THE PERFORMANCE OR NON-PERFORMANCE OF THE EQUIPMENT OR SERVICES PROVIDED BY US. YOU ALSO AGREE THAT ANY SUCH BUSINESS OR PERSON IS ENTITLED TO THE SAME RIGHTS AS ADT UNDER THIS AGREEMENT, SPECIFICALLY INCLUDING PARAGRAPH 4.

7. ASSIGNMENT. You may not assign this Agreement without our written consent. We have the right to subcontract any of our obligations under this Agreement without notifying You, and we have the right to assign this Agreement to any other party without notifying You.

8. **PRIVACY POLICY.** ADT maintains an online privacy policy at www.ADT.com/privacy that is applicable to the terms, conditions and obligations of the parties to this Agreement.

9. THIS AGREEMENT CONSTITUTES OUR ENTIRE AND FINAL AGREEMENT. BY SIGNING IT YOU AGREE THAT YOU ARE NOT RELYING ON OUR ADVICE OR ADVERTISEMENTS. YOU AGREE THAT YOU AND WE ARE NOT BOUND BY ANY REPRESENTATION, PROMISE, CONDITION, INDUCEMENT, OR WARRANTY, EXPRESS OR IMPLIED, THAT IS NOT INCLUDED IN WRITING IN THIS AGREEMENT. THE **TERMS AND CONDITIONS OF THIS AGREEMENT APPLY AS PRINTED WITHOUT ALTERATION OR QUALIFICATION, UNLESS A CHANGE IS APPROVED IN WRITING BY OUR AUTHORIZED REPRESENTATIVE.** THE TERMS AND CONDITIONS OF THIS AGREEMENT SHALL GOVERN EVEN IF YOU SUBMITTED ANY OTHER DOCUMENT WITH INCONSISTENT OR ADDITIONAL TERMS AND CONDITIONS.

10. LICENSE INFORMATION: AL Complaints against licensees may be directed to the Alabama Electronic Security Board of Licensure, 7956 Vaughn Rd., Montgomery 36116, (334) 264-9388; AK 37950, 5520 Lake Otis Pkwy., Anchorage, AK 99507; AR E12-041, Regulated by Arkansas Bd. of Private Investigators & Private Security Agencies, #1 State Police Plaza Dr., Little Rock, AR 72209, (501) 618-8600; AZ ROC 279591; CA ACO7155, alarm company operators are licensed and regulated by the Bureau of Security & Investigative Services, Dept. of Consumer Affairs, Sacramento, CA 95814, 974443, PP017232; CT ELC.0106069-L5; DC ECS902743; FL

EF0001121; **GA** LVA205265, -205326, -205572, -205679, -205939, -205944, -205519 LVU405673, -004349, -406440; **HI**



CT-32297; ID ELE-SC-2643; IL 124001792; LA F1639, F1640, F1643, F1654, F1655; MA 172C; MI 3601206258, 5103208 - 4182 Pier North Dr. Ste. D, Flint, MI 48504; MNTS650251; NC Alarm Systems Licensing Board, 4901 Glenwood Avenue, Suite 200, Raleigh, NC 27612 (919) 788-5320; 7535P2, 7561P2, 7562P10, 7563P7, 7565P1, 7566P9, 7564P4; NM 374838; NV 0077105; NJ Electrical Contractor Lic. #'s 34FA00140500, 34BA00179000, 7895 Browning Rd., Pennsauken, NJ 08109; NY 12000305615, Licensed by NYS Dept. of State; OH 50-18-0018, 50-25-0023, 50-29-0003, 50-31-0014, 50-48-0008, 50-50-0005, 50-76-0006, 50-89-0016, 53-89-1726; OK 1995; OR 196560; PA Pennsylvania Home Improvement Contractor Registration Number: PA090797; RI 35683; TN ACC-1688, -1689, -1690, -1691, -1692, -1693, -1694, -1695, -1696; TX B17944 -1817 W. Braker Ln. Ste. 400, Austin 78758 - Texas Private Security Bureau, 5805 N. Lamar Blvd., Austin 78752; UT 8289653; VA 11-7345, 11-7348, 11-7351, 11-7354, 11-7598, 11-7900, 11-8205, 11-8353, 11-8447 2705147728 Class B Contractor Classification ESC; WA ADTLLL881DO, 11824 N Creek Pkwy #105, Bothell, WA 98011; WI 1210943; WV 049758.

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