



PRICE COUNTY PROJECT LIFESAVER®

Program Contract

If applicant is accepted into the Project Lifesaver® Program, the following terms shall apply as agreed to upon the signing of the Project Lifesaver® contract:

I acknowledge the information I have provided is true and accurate to the best of my knowledge. All information provided has been given voluntarily, and I consent to the collection, use and disclosure of such information for the purposes of Project Lifesaver®. Furthermore, I hereby represent and warrant I have full power and authority as the duly authorized representative of the Applicant named below, to register and act on his/her behalf. My Power of Attorney and/or Power of Personal Care is attached, if needed.

THEREFORE, IN CONSIDERATION of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to their respective obligations:

1. I understand when I enroll an Applicant in Project Lifesaver® it does not replace the need for constant supervised care of the person. I am, and remain, primarily responsible for supervised care and take full responsibility for protecting this person from wandering. I also understand I, or a family member, must be present in the home with the Applicant at all times.
2. I understand Project Lifesaver® equipment is designed to be an additional aid to help locate a missing person and there is no warranty, representation or guarantee a person will be found because they are wearing a Project Lifesaver® bracelet. Project Lifesaver® equipment is designed to provide law enforcement personnel with an additional technology in attempting to locate the Applicant. I also acknowledge this is an experimental program for aiding in the search and rescue of persons suffering from diminished mental capacity or other disability.
3. In order for Project Lifesaver® to work, I have a responsibility to obey the instructions of the Program, follow all training, and make sure the person I enroll is wearing the Project Lifesaver® transmitter bracelet. If the bracelet has been removed or is defective; I will call Project Lifesaver® immediately.
4. When I notice the Applicant enrolled has wandered off, I must immediately call the emergency number supplied by Project Lifesaver® and report the Applicant as a missing person. Project Lifesaver® teams will respond to search. I understand and acknowledge the Project Lifesaver® device cannot predict or report the Applicant has wandered off. It is used solely as an aid for emergency personnel when notified the Applicant is missing.
5. A monthly maintenance fee of up to \$ 10 shall be paid to the member agency by the enrolling client.
6. I understand while Project Lifesaver® is an electronic tracking device which assists in locating persons who wear the bracelet device, there may be unforeseen times or circumstances when individuals cannot be located even while wearing the transmitter bracelet. I will not hold Project Lifesaver® or any of its employees or volunteers, Provincial or city Law Enforcement or Fire and Rescue Agencies (collectively the "Releases") involved liable for failure to locate the person using the system, and hereby release all such Releases from any claim, cause of action, loss or damages arising from any inability or delay in locating the Applicant.

7. I understand all information I have provided in this application may be shared among Local Law Enforcement, Fire and Rescue, and other necessary agencies in the community where I reside. Therefore, I understand none of the information I have provided or will provide in the future can be considered confidential or protected or private when used for the purposes of the Project Lifesaver® Program, (notwithstanding the provisions of the Personal Information Protection and Electronic Documents Act).
8. I specifically waive any rights to confidentiality to the Applicant's medical records by Project Lifesaver® International or any of Project Lifesaver's® member agencies which includes dissemination of such information. I confirm I have the authority by which to waive such rights.
9. I understand Project Lifesaver® is a program administered by the Price County Sheriff's Department. I agree to release and hold each agency and all of their respective personnel, officers and volunteers harmless from any and all claims of liability and/or damage, and waive any and all rights to seek recourse for any losses or injury which may occur as a result of participation in the Project Lifesaver® Program.
10. I understand that the transmitter and tester remain the property of Project Lifesaver® and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to Project Lifesaver® to be assigned to another participant in the Program. I shall remain liable for any loss or damage to all such equipment and for the replacement cost of all such equipment until returned to Project Lifesaver®.
11. I understand if I fail to use the tester device at least once per day and record the results on the supplied test result monthly inspection sheet, or if I fail to notify Project Lifesaver® immediately when I discover the Applicant missing, or if I fail to notify Project Lifesaver® if I test the transmitter device and find no signal indication, or if the Applicant refuses to wear or removes the device 3 (three) times, then the Applicant may be involuntarily removed from the program. All property will then be returned to Project Lifesaver® and I will return to the original security measures, which were in place prior to enrollment in Project Lifesaver®, and without recourse to Project Lifesaver®.

Caregiver's Name (*Printed*)

Caregiver's Signature

Date

Witness Name (*Printed*)

Witness Signature

Applicant's Name

For Project Lifesaver®

(Affiliate Name)