

PROJECT LIFESAVER OF ORANGE COUNTY NY

ACKNOWLEDGEMENTS, WAIVER AND CONSENT FOR RELEASE OF INFORMATION

Please read this form carefully, initial each item and sign where indicated.

This form needs to be submitted with the completed application.

I, (print caregiver name) _____, understand and acknowledge the following:

- that I am duly authorized to represent (enrollee's name): _____, the enrollee, and act on his/her behalf (INITIAL ____)
- that the information I have provided in the application is true and accurate (INITIAL ____)
- that I have read the **Project Lifesaver of Orange County NY** "Caregiver Instructions" and am aware of the requirements set forth therein (INITIAL ____)
- that enrollment in **Project Lifesaver of Orange County NY** does not replace the need for constant supervised care, and that (enrollee's name): _____, is supervised by responsible adults, 24 hours per day, 7 days per week (INITIAL ____)
- that if the situation changes and the enrollee is able to be left unsupervised for any period of time, I will immediately notify **Project Lifesaver of Orange County NY** (INITIAL ____)
- that while **Project Lifesaver of Orange County NY** utilizes a global tracking device that aids in locating enrollees who wear the transmitter, there may be times when an enrollee cannot be located due to device malfunction or other unforeseen circumstances, and therefore, the global tracking device is not a substitute for constant supervised care of the enrollee (INITIAL ____)
- that I consent to the information provided in the application being shared between the Orange County Department of Mental Health, Sheriff's Office, Department of Social Services, Office of the Aging and Department of Emergency Services. Additionally in the event of an incident, I consent to this information being shared with other responding search and rescue agencies/organizations (INITIAL ____)
- that **Project Lifesaver of Orange County NY** is a service sponsored by the County of Orange, and that I agree on behalf of the enrollee to release and hold the County of Orange, its departments and agencies, including but not limited to the Department of Mental Health, Sheriff's Office, Emergency Services and Office of the Aging, and their respective personnel, harmless from any and all claims of liability and/or damages and waive any and all rights to seek recourse for any losses or injury that may occur as a result of the enrollee's participation in this program (INITIAL ____)
- that I agree to assume any/all responsibility associated with the enrollee's participation in **Project Lifesaver of Orange County NY** (INITIAL ____)
- that if the statements above or in the application are found to be inaccurate or untrue, the enrollee will no longer be eligible for participation in the **Project Lifesaver of Orange County NY** (INITIAL ____)

Caregiver Signature: _____ Date: _____