

# Project Lifesaver

## APPLICATION

If applicant is accepted into the Project Lifesaver Program, the following terms shall apply as agreed to upon the signing of this Project Lifesaver Application.

1. I, the undersigned Caregiver, acknowledge that the information I have provided is true and accurate to the best of my knowledge. All information provided has been given by me 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 that I have full power and authority as the duly authorized representative of the Applicant named below, to register and act on the Applicant's behalf. My Power of Attorney and/or Court Order is attached.

2. I, the undersigned Caregiver, understand that when I enroll an Applicant in Project Lifesaver, it does not replace the need for constant supervised care of the Applicant. I am, and remain, primarily responsible for supervised care and I take full responsibility of protecting this person from wandering. I also understand that I, or a family member, must be present in the home with the Applicant at all times.

3. I, the undersigned Caregiver, understand that Project Lifesaver equipment is designed to be an additional aid to help locate a missing person and that there is no warranty, representation, or guarantee that the Applicant will be found because the Applicant is wearing a Project Lifesaver bracelet. Project Lifesaver equipment is designed to provide law enforcement personnel, in this case the Town of Edisto Beach Police Department and any assisting agencies including, but not limited to, the Colleton County Sheriff's Office, with an additional technology in attempting to locate the Applicant. I also acknowledge that this is an experimental program for aiding in the search and rescue of persons suffering from diminished mental capacity or other disability.

4. For Project Lifesaver to work, I, the undersigned Caregiver, 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 and the Edisto Beach Police Department immediately.

5. When I, the undersigned Caregiver, notice the Applicant enrolled has wandered off, I must immediately call the emergency number supplied by Project Lifesaver and the Town of Edisto Beach and report the Applicant as a missing person. I understand and acknowledge that 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 by me or a family member the Applicant is missing.

6. I, the undersigned Caregiver, understand that 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 provide notice immediately when I discover the Applicant missing, or if I fail to notify the Town of Edisto Beach if I test the transmitter device and find no signal indication, or if the Applicant refuses to wear or removes the device three times, then the Applicant may be involuntarily removed from the Program. All property will then be returned to the Town of Edisto Beach, 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 or the Town of Edisto Beach.

7. I, the undersigned Caregiver, understand that 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. Therefore, I understand that 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 privacy provisions of any state or federal laws.

8. I, the undersigned Caregiver, specifically waive any rights to confidentiality to the Applicant's medical records by Project Lifesaver or any of Project Lifesaver's member agencies which includes dissemination of such information. I confirm that I have the authority by which to waive such rights.

9. I, the undersigned Caregiver, understand that Project Lifesaver is an independent program which is not owned by the Town of Edisto Beach and the Town of Edisto Beach only participates in the program by making Project Lifesaver's transmitters available and utilizing the transmitters to assist as an additional technology in attempting to locate persons suffering from diminished mental capacity or other disability. The Town of Edisto Beach does not construct or service the transmitters or warrant or guarantee their effectiveness. I understand this is experimental technology which may be subject to malfunction or inaccurate readings due to external forces. There may be unforeseen circumstances when individuals cannot be located even when wearing the transmitter bracelet.

10. I, the undersigned Caregiver, understand that the transmitter and tester remain the property of Project Lifesaver and the Town of Edisto Beach and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to the Town of Edisto Beach 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 the Town of Edisto Beach.

11. **RELEASE OF LIABILITY:** I, the undersigned Caregiver, understand that while Project Lifesaver is an electronic tracking device that 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 and the Applicant will not hold Project Lifesaver, the Colleton County Sheriff's Office, and the Town of Edisto Beach, S.C. or any of their employees or volunteers liable for failure to locate the Applicant using the system, and I, both individually and on behalf of the Applicant, hereby execute the following release from any claim, cause of action, loss, or damages arising from any inability or delay in locating the Applicant:

**IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE PROJECT LIFESAVER PROGRAM, I, INDIVIDUALLY, AND THE APPLICANT, PURSUANT TO THE LEGAL AUTHORITY GRANTED TO ME, AGREE TO RELEASE, AND HOLD HARMLESS PROJECT LIFESAVER, THE COLLETON COUNTY SHERIFF'S OFFICE, AND THE TOWN OF EDISTO BEACH, S.C., INCLUDING THEIR OFFICIALS, EMPLOYEES, VOLUNTEERS, AND AGENTS (COLLECTIVELY "RELEASEES") FROM AND AGAINST ANY AND ALL LOSSES, EXPENSES, CLAIMS, ACTIONS, LIABILITIES, AND JUDGMENTS (INCLUDING ATTORNEY FEES THROUGH THE APPELLATE LEVELS), WHICH I AND/OR THE APPLICANT MAY SUSTAIN OR SUFFER AS A RESULT OF ANY INABILITY OR DELAY IN LOCATING THE APPLICANT, WHETHER CAUSED BY THE NEGLIGENCE, ACTION, OR INACTION OF THE RELEASEES OR PERSONS ACTING ON THEIR BEHALF OR OTHERWISE EXCEPT TO THE EXTENT THAT SUCH DAMAGE OR INJURY IS CAUSED BY THE WILLFUL MISCONDUCT OF THE RELEASEES, AND I, INDIVIDUALLY AND ON BEHALF OF THE APPLICANT, AGREE AND COVENANT THAT I AND THE APPLICANT WILL NOT SUE OR TAKE ACTION AGAINST THE RELEASEES EXCEPT AS SET OUT HEREIN.**

**This release shall bind the members of Applicant's family, estate, heirs, administrators, personal representatives, or assigns and anyone else who might have a derivative cause of action from any injury to Applicant.**

**Release as Broad as Permitted by Law.** I, the undersigned Caregiver, understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of South Carolina.

Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver's Printed Name: \_\_\_\_\_

Caregiver's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**For Office Use**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

# Project Lifesaver Applicant Information

Applicant Full Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

Caregiver's Name \_\_\_\_\_

Caregiver's phone# \_\_\_\_\_ cell# \_\_\_\_\_ email \_\_\_\_\_

## Applicant Information:

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Glasses or Contacts Y/N: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Hair Style: \_\_\_\_\_ Bald Y/N: \_\_\_\_\_ Hearing Aid Y/N \_\_\_\_\_

Is your member a runner? y/n, if yes explain \_\_\_\_\_

Have you ever had to call the police? If yes, explain \_\_\_\_\_

Facial Hair: mustache, beard, sideburns etc. \_\_\_\_\_

Scars, marks and or tattoos: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_ Secondary Language Y/N \_\_\_\_\_

Verbal or Non-Verbal: \_\_\_\_\_

Sign Language Y/N: Does client use any other form of communicating Y/N \_\_\_\_\_

Does client drive or have access to a vehicle? (If yes, describe vehicle and plate number): \_\_\_\_\_

Medical Diagnosis: (you will need to provide a copy of your diagnosis)

Medication: \_\_\_\_\_

Medical History: \_\_\_\_\_

Attending Physician Name & Number: \_\_\_\_\_

Please describe the best way to approach client if he/she is lost: \_\_\_\_\_

If any, name a few key words or phrases to get clients attention (if they have a favorite food, song, friends name etc):

Comments: \_\_\_\_\_