



# Monroe County Sheriff's Office



## Project Lifesaver Client / Agency Agreement

Todd K. Baxter - Sheriff

Korey K. Brown - Undersheriff

Client's name: \_\_\_\_\_

I, \_\_\_\_\_ (print caregiver name), understand and acknowledge the following and in doing so, relieve the County of Monroe and the Monroe County Sheriff's Office of all liability:

- I am duly authorized to represent \_\_\_\_\_ (client) and act on his/her behalf.
- The information I have provided in the enrollment application is true and accurate.
- I understand that it is my responsibility to update the client's information and photograph with the Monroe County Sheriff's Office (MCSO) Project Lifesaver coordinator as needed or at least on an annual basis.
- I understand that enrollment in the Project Lifesaver program does not replace the need for constant supervised care or replace the need for monitoring, attention and oversight and that \_\_\_\_\_ (client) is supervised by a responsible adult 24 hours a day, 7 days a week.
- I understand that I, or the responsible party at the time, will **immediately**, call 911 if the client wanders from their care or cannot be located.
- I understand that I am responsible for the care and maintenance of the transmitter and all issued equipment. This includes the daily testing and regular replacement of the battery. Should the transmitter or any equipment become lost, damaged or inoperable, I will notify the MCSO Project Lifesaver coordinator **immediately**.
- I understand that I am financially responsible for any and all equipment that is issued to me shall it become lost or damaged.
- I understand the Monroe County Sheriff's Office will retain all title and interest in equipment that is used for the Project Lifesaver program. All equipment will be returned to the Monroe County Sheriff's Office upon leaving the Project Lifesaver program.
- I understand that the Monroe County Sheriff's Office will respond to any and all Project Lifesaver activations with the appropriate equipment and resources. However, I understand that the Monroe County Sheriff's Office is released from liability arising from any failure of the Project Lifesaver equipment.
- I understand that the County of Monroe, Monroe County Sheriff's Office and their respective personnel will be held harmless for any and all claims of liability and/or damages and I waive any and all rights to seek recourse for any losses or injury that may occur as a result of enrollment in this program.
- I understand that I can terminate my participation in the Project Lifesaver program by providing written notification to the MCSO Project Lifesaver coordinator at least ten (10) business days prior to the date of termination.
- I understand that if I do not fulfill the obligations set forth by the Monroe County Sheriff's Office and the Project Lifesaver program, the client may be removed from the Project Lifesaver program.
- Upon termination from the program, all equipment will be returned to the MCSO within 10 days of said termination.
- I understand participation in this program does not create a special relationship between the parties, and further does not create a greater duty of care owed to me (us) than is owed to the general public.

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
MCSO Project Lifesaver Coordinator

\_\_\_\_\_  
Caregiver Printed Name

\_\_\_\_\_  
Date



MB-180-18

