

# Prince George Sheriff's Office

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## PRINCE GEORGE CO. 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 following contract.

1. I acknowledge that the information I have provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Initial

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

\_\_\_\_\_  
Initial

3. I understand that Project Lifesaver equipment is designed to be an additional aid to help locate a missing person and there is no guarantee that a person will be found because they are wearing a Project Lifesaver bracelet. However, it provides law enforcement personnel with additional technology in attempting to locate the person.

\_\_\_\_\_  
Initial

*"Proudly Serving the Citizens of Prince George County"*

4. In order for Project Lifesaver to work, I have responsibility to obey the instructions of the Program, follow all training, and make sure that the person I enroll is wearing the Project Lifesaver transmitter bracelet at all times. If I discover the transmitter bracelet has been removed, I will call Project Lifesaver immediately.

\_\_\_\_\_  
Initial

5. When I notice that the person has wandered off, I must call the emergency number supplied by Project Lifesaver and immediately report this. Project Lifesaver teams will respond to search. The Project Lifesaver device cannot predict or report that the person has wandered off. It is used as an aid for emergency personnel when notified the person is missing.

\_\_\_\_\_  
Initial

6. I 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 will not hold Project Lifesaver, County or City Law Enforcement or Fire and Rescue Agencies involved liable for failure to locate the person using this system.

\_\_\_\_\_  
Initial

7. I understand that all information I have provided in this application may be shared among Law Enforcement, Fire and Rescue, and any other necessary agencies in the community where I reside. Therefore, I understand that none of the information I have provided or provide in the future can be considered confidential, protected, or private.

\_\_\_\_\_  
Initial

8. I specifically waive any rights to confidentiality to the person's medical records.

\_\_\_\_\_  
Initial

9. I understand that Project Lifesaver is a program that is administered by **Prince George Co. Project Lifesaver**. 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 that may occur as a result of participation in the Program.

\_\_\_\_\_  
Initial

10. I understand that the transmitter and tester remain property of Project Lifesaver and once the equipment is no longer being utilized by the individual to whom it was assigned, it will be returned to Project Lifesaver to be reassigned to another participant in the Program.

\_\_\_\_\_  
Initial

11. I understand that if I fail to use the tester device at least once per day and record the results on the supplied test results monthly inspection sheet, or if I fail to notify Project Lifesaver immediately when I discover this applicant missing or if I fail to notify Project Lifesaver if I test the transmitter device and find a no signal indication, or this 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.

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Initial

Furthermore, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the Applicant named, to register and act in his/her behalf. My power of Authority is attached, if needed.

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Caregiver's name (printed)

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Caregiver's Signature

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Date

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Applicant's Name

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For Project Lifesaver