



Project Lifesaver Greater Victoria Program Client Contract

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

I acknowledge that 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 the Project Lifesaver Greater Victoria Program (the Program) and in accordance with the Privacy Statement. 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 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 that when I enroll an applicant in the Program that 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 that I or a family member or designated care provided must be present in the home with the Applicant at all times.
- 2) I 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 a person will be found because they are wearing a Project Lifesaver Personal Locator Unit (PLU). Project Lifesaver equipment is designed to provide trained Project Lifesaver Electronic Search Specialists with an additional technology in attempting to locate the Applicant. I also acknowledge that the Program is meant for aiding in the search and rescue of persons suffering from diminished mental capacity or other disability.
- 3) In order for the Program to work, I have a responsibility to obey the instructions of the Program, follow all training, and make sure that the person I enroll is wearing the Project Lifesaver PLU transmitter. If the PLU bracelet has been removed or is defective I will call either We Rage We Weep Alzheimer Foundation (WRWW) or the Search and Rescue Society of British Columbia (SARBC) immediately.
- 4) When I notice that the Applicant enrolled has wandered off I must immediately call the number supplied by WRWW or SARBC and Local Law Enforcement to report the Applicant has wandered off. Trained SARBC Electronic Search Specialists (for Greater Victoria) or trained Juan de Fuca SAR Electronic Search Specialists (for Sooke District) will respond to search. I understand and acknowledge that the Project Lifesaver device cannot predict or report that an Applicant has wandered off. It is used solely as an aid for Search personnel when notified the Applicant is missing.
- 5) I understand that while Project Lifesaver is an electronic tracking tool that assists in locating persons who wear the 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 International, We Rage We Weep Alzheimer Foundation, the Search and Rescue Society of British Columbia, Juan de Fuca Search and Rescue (collectively the "Releases") or any of their employees or volunteers 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.

6) I understand that all information I have provided in this application may be shared with WRWW, SARBC, Juan de Fuca SAR (JDFSAR) and other agencies as outlined in the Privacy Statement and in accordance with the Personal Information Protection Act of BC (PIPA).

7) I specifically waive any rights to confidentiality of the Applicants medical records by Project Lifesaver International, WRWW, SARBC and JDFSAR which includes dissemination of such information. I confirm that I have the authority by which to waive such rights.

8) I understand that the Program is a program administered by: **We Rage We Weep Alzheimer Foundation** and the **Search and Rescue Society of British Columbia** with assistance for the Sooke District provided by **Juan de Fuca Search and Rescue**. 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.

9) I understand that the PLU transmitter and tester remain the property of WRWW or SARBC and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to WRWW or SARBC. I shall remain liable for any loss or damage to all such equipment and for the replacement costs of all such equipment until returned to WRWW or SARBC. WRWW and SARBC, in accordance with their mandates, may assist in covering all or a portion of the equipment and monthly maintenance fees necessary for an Applicant to participate in the Program as established between I, the Caregiver, the Applicant and the Foundation or Society. Monthly maintenance visits are conducted in the Applicant's home by a WRWW or SARBC trained and certified representative.

10) I 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 notify SARBC and Law Enforcement immediately when I discover the Applicant missing, or if I fail to notify WRWW or SARBC 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 WRWW or SARBC and I will return to the original security measures, which were in place prior to enrolment in the Program and without recourse to the Releases.

_____ Caregivers Name, Printed

_____ Caregivers Signature

_____ Date

_____ Witness

_____ Applicant's Name

_____ For: WRWW or SARBC

Easing the burden of care giving – one family at a time

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