Montgomery County Sheriff's Office
Project Lifesaver

Enrollment Agreement

Name: _____ **ID Bracelet #:** _____

Enrolled By: _____ **Relationship:** _____

Address: _____

Phone #: **(H):** _____ **(W):** _____ **(C):** _____ **(P):** _____

I, _____, have requested that _____ be enrolled in the Project Lifesaver program hosted by the Montgomery County Sheriff's Office.

The following information has been explained and is understood by me:

1. Enrollment is voluntary.
2. I will be responsible for routine inspection of equipment.
3. I will notify the Montgomery County Sheriff's Office when the enrollee leaves Montgomery County, Alabama.
4. The Montgomery County Sheriff's Office will contact me periodically to update records.
5. I will notify the Montgomery County Sheriff's Office of any changes in my contact information.
6. I will notify the Montgomery County Sheriff's Office immediately if the enrollee is found missing.
7. The Montgomery County Sheriff's Office will respond when notified the enrollee is missing. The Sheriff's Office will search and make every effort to locate the enrollee. The Montgomery County Sheriff's Office will not be held liable for any injuries sustained by the enrollee.
8. All information concerning the enrollee will be held confidential by the Montgomery County Sheriff's Office. However, in the event that it becomes necessary for the Sheriff's Office to search for the enrollee, I give my permission to the Sheriff's Office to release any information, including medical history, to other law enforcement agencies, medical facilities, the media, or any other entity they deem necessary for the purpose of searching for the enrollee.

_____ _____

Signature Date

_____ _____

Print Name Relationship

_____ _____

Deputy's Signature Date

_____ _____

Print Name ID #

Reset **Submit**