S.A.V.E.S

Supporting Adults & Vulnerable Persons through Engagement Services

Vulnerable Persons Registry — Intake Form

mcso@savesproject.com

Please complete this form and email to mcso@savesproject.com or mail it back to Macomb County Sheriff Attention: SAVES Project, 43565 Elizabeth Rd, Mt Clemens, MI 48043

This information helps first responders identify and safely interact with vulnerable individuals in your community.

PARTICIPANT IDENTITY

First Name *

Last Name *

Date of Birth (MM/DD/YYYY)

Gender

Participant # (office use)

CONTACT INFORMATION

Home Address

City

State

ZIP

Phone Number

Email Address

PHYSICAL DESCRIPTION

Height

Weight

Hair Color

Eye Color

Race / Ethnicity

MEDICAL CONDITIONS

Diagnoses, medications, allergies, or other medical notes

STRESSORS & DE-ESCALATION

Known stressors (situations, sounds, or triggers that may cause distress)

De-escalation tactics (what helps calm or support this person)

Additional information

EMERGENCY CONTACTS

Contact 1

Full Name | Relation | Phone

Address

Contact 2

Full Name | Relation | Phone

Address

Contact 3

Full Name | Relation | Phone

Address

Contact 4

Full Name | Relation | Phone

Address

Waiver and Release of Liability

The S.A.V.E.S Project — please read carefully before signing

This Waiver and Release of Liability ("Agreement") is entered into between the undersigned participant, or the participant's parent or legal guardian, and The S.A.V.E.S Project together with its officers, employees, volunteers, affiliates, and partner agencies (collectively, "S.A.V.E.S"), as well as the participating local police department ("Department").

1. Purpose of The S.A.V.E.S Project. The S.A.V.E.S Project works alongside local law enforcement, first responders, and community members to support individuals who may face cognitive or developmental challenges, including but not limited to autism, dementia, or traumatic brain injury. The program exists to give first responders identifying and contact information that can help during an emergency or encounter.

2. Voluntary Participation. Participation in The S.A.V.E.S Project is entirely voluntary. Personal information about myself or my loved one is being shared voluntarily to assist in possible emergency situations. I understand I may withdraw from the program at any time by notifying S.A.V.E.S in writing.

3. Information Provided.

I understand and agree that:

- The information I provide will be kept in The S.A.V.E.S Project's database, not in the local police department's own records.
- The Department may access or use this information solely to identify and assist during an emergency or relevant encounter.
- Neither S.A.V.E.S nor the Department guarantees that this information will be accessed, available, or used in any given emergency.

4. No Guarantee of Assistance or Outcome. I acknowledge that taking part in The S.A.V.E.S Project does not guarantee my safety, protection, or freedom from injury, harm, or other adverse outcomes. Neither S.A.V.E.S nor the Department makes any promise or assurance about response times, the success of identification efforts, or any other result of participating in the program.

5. Confidentiality and Data Security.

I understand that reasonable steps will be taken to protect the confidentiality of my information. However, I acknowledge and accept that:

- No method of storing or transmitting data can ever be made completely secure.
- S.A.V.E.S and the Department are not liable for any unauthorized access, disclosure, loss, or misuse of the information provided.

6. Release of Liability. In exchange for being allowed to take part in The S.A.V.E.S Project, I, on behalf of myself and my heirs, executors, administrators, and assigns, release, waive, discharge, and hold harmless S.A.V.E.S, the Department, and their respective officers, employees, volunteers, agents, and the participating police department from any and all liability, claims, demands, or causes of action arising out of or related to: the collection, storage, use, or disclosure of personal information provided through the program; any act or omission by S.A.V.E.S, the Department, their partners, or first responders; or any injury, harm, or damages — whether physical, emotional, or otherwise — resulting from participation in The S.A.V.E.S Project.

7. Governing Law; Waiver of Jury Trial. This Agreement is governed by the laws of the State of Michigan, without regard to choice-of-law principles. Any legal dispute arising out of or connected to this Release will be resolved through arbitration administered by the American Arbitration Association under its Commercial Industry Rules in effect at the time of filing. The Oakland County Circuit Court retains exclusive jurisdiction to enter judgment on any arbitration award, and any objection based on lack of jurisdiction, improper venue, or forum non conveniens is expressly waived. By signing this Agreement, the participant also knowingly waives the right to a jury trial.

8. Entire Agreement. This Agreement reflects the complete understanding between the parties regarding its subject matter and replaces all prior agreements or understandings on that subject, whether written or oral. If any other document conflicts with this Release regarding these rights, this Release controls.

9. Severability. If any term of this Agreement is found illegal, unenforceable, or invalid, the remaining terms remain valid and in full effect.

10. Binding Effect; Entire Release; Modification. This Agreement binds and benefits the successors and assigns of all parties. It embodies the entire agreement between the parties and supersedes all prior agreements or understandings, written or oral, formal or informal. No change, extension, or amendment to this Agreement is valid unless made in writing and signed by the party against whom it would be enforced.

11. Consent and Authorization.

I have read and fully understand this Waiver and Release of Liability, have had the opportunity to ask questions and receive clarification, am authorized to provide this information for myself or for the individual named below, and voluntarily consent to participation in The S.A.V.E.S Project and agree to all terms stated in this Agreement.