



Falls Township Police Department
188 Lincoln Highway
Fairless Hills, Pa 19030
215-949-9100



Care Trak Northeast
PO Box 225
Lyndonville, VT 05851
802-467-3496

RAPID RECOVERY PROGRAM AGREEMENT



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 Rapid Recovery Program. 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 of protecting this person from wandering. I also understand that I, or a family member, must be present in the home with the Applicant at all times.
2. I understand that Care Trak 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 Care Trak bracelet. The Care Trak equipment is designed to provide law enforcement personnel with an additional technology in attempting to locate the Applicant. I also acknowledge that this is an experimental program for aiding in the search and rescue of persons suffering from diminished mental capacity or other disability.
3. In order for Care Trak equipment to work, I have a responsibility to obey the instructions of the Program, follow all training, and make sure that the person that I enroll is wearing the Care Trak transmitter bracelet. If it has been removed or is defective; I will call Falls Township Police immediately.

Applicant's Name _____

4. When I notice that the applicant enrolled has wandered off, I must immediately call 9-1-1 and report the Applicant as a missing person. I understand and acknowledge that the Care Trak equipment cannot predict or report that the Applicant has wandered off. It is used solely as an aid for emergency personnel when notified the Applicant is missing.
5. When applicable, upon receipt of an invoice, payment is required for the activation fee and the monthly maintenance fee.
6. I understand that while Care Trak 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 Falls Township Police, Care Trak Northeast or any of its employees or volunteers, Fire and Rescue Agencies (collectively the "Releases") involved liable for failure to locate the person using the system and hereby release all such releasees from any claim, cause of action, loss or damages arising from any inability or delay in locating the Applicant.
7. I understand that all information I have provided in this application may be shared among Law Enforcement, Fire and Rescue, and 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 or protected or private when used for the purposes of the Rapid Recovery Program, [notwithstanding the provisions of the Personal Information Protection and Electronic Documents Act].
8. I specifically waive any rights to confidentiality to the Applicant's medical records and confirm that I have the authority by which to waive such rights.
9. I understand that Rapid Recovery is a program administered by: Care Trk Northeast. 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.
10. I understand that the transmitter and tester remain the property of Falls Township Police and when no longer being used by the applicant to whom it was assigned, it will be returned undamaged to the Falls Township Police Department to be assigned to another participant in the Program. I shall remain liable for any loss or damage to all such equipment and for the replacement cost of all such equipment until returned to Falls Township Police.

Applicant's Name _____

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 result monthly inspection sheet, or if I fail to notify the Emergency Responders immediately when I discover the Applicant missing or if I fail to notify Falls Township Police if I test the transmitter device and find no signal indication, or if the Applicant refuses to wear or removes the device three (3) times, then the Applicant may be involuntarily removed from the Rapid Recovery Program. All property will then be returned to Falls Township Police and I will return to the original security measures, which were in place prior to enrollment in Rapid Recovery Program and without recourse to Care Trak Northeast and Falls Township Police.

Applicant's Name

Caregiver's Name

Caregiver/Responsible Party's Signature

Date

Billing Address

Falls Township Police Representative

Date

Applicant's Name

Frequency Number

Tester Number

