



**Wearer Information:**

Name of Wearer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Height: \_\_\_ft \_\_\_in Weight: \_\_\_lbs Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Medical Conditions/Concerns (Epilepsy, Alzheimer's, Autism, Deaf, etc):**

**Sensitivity to Lights/Sirens:** \_\_\_\_\_

**Frequent Places the Individual may know:**

**Any additional information we need to know?**

**Internal Use Only: Names File #: \_\_\_\_\_ Band Number: AWARE \_\_\_\_\_**

**RELEASE AND AUTHORIZATION OF LEGAL GUARDIAN OF MINOR CHILD OR WARD**

WAIVER OF RIGHTS: READ CAREFULLY BEFORE SIGNING. This release and authorization is made by me, individually and as a parent, guardian, and supervisor of the wearer. I further agree that this entire document applies to both me and the wearer named below; we shall forever remain governed by its terms. I further acknowledge and expressly agree that the foregoing release and authorization is intended to be as broad and inclusive as Florida law allows and that should any portion of this agreement be held invalid, the balance of this document shall continue in full legal force and effect.

I, on behalf of myself and the wearer, authorize our participation in "Operation Aware" which is a program where the wearer may have a near field communication bracelet which would, when scanned, disclose information about the wearer stored on the Lake County Sheriff's Office (LCSO) Records Management system.

In consideration of participating in the Operation Aware program, I, the wearer, my heirs, executors and administrators, release and expressly forever discharge LCSO and any other government agency and all their successors' agents, insurers, and assigns from all liabilities, claims, actions, demands, damages (including bodily injury and death) which I may have against them arising out of or connected with the use of the bracelet or our participation in the Operation Aware program. I understand that this release specifically includes, but is not limited to, any claims arising out of or connected with the use of LCSO's property or resulting from LCSO's, or any other person's, acts of active and passive negligence, gross negligence, or recklessness (including negligent acts or omissions in designing, maintaining, supervising, the program). The undersigned shall indemnify, defend, and hold harmless LCSO their successors and assigns, from and against any and all claims, demands, losses, liabilities and judgments, including reasonable attorneys' fees both at trial and appellate level, and all costs of litigation, which may be asserted against or imposed upon LCSO and which may arise out of or be attributable to, directly or indirectly, (i) any negligent, reckless, or willful act or omission by any person with regard thereto, or (ii) injury to or death of any person, without limitation, or loss or damage to any property.

I HAVE READ AND VOLUNTARILY AND KNOWINGLY SIGNED THIS RELEASE AND AUTHORIZATION and I further agree that no oral representations, statements, or inducements apart from the foregoing agreement have been made to me. I agree that I have read and understand this document, have executed it freely and voluntarily, have had ample time to seek the advice of legal counsel and have voluntarily waived the right to counsel in the negotiation, preparation, and execution of this document. I further represent and affirm that I am indeed the parent, guardian, and supervisor of the minor child possessing the right to make decisions on the child's behalf and bind the child to this agreement.

Date: \_\_\_\_\_  
\_\_\_\_\_ Print name of Wearer

\_\_\_\_\_  
(1) Signature of Guardian Guardian's Printed name

\_\_\_\_\_  
(2) Signature of Guardian Guardian's Printed name