



Brevard County Project Lifesaver



Contract

This agreement is made this _____ day of _____, by and between Brevard County Project Lifesaver, and _____ (Responsible PARTY) whose address is _____
City _____

State _____ Zip _____. For use by: _____
Registrant's Name

1. Brevard County Project Lifesaver agrees to furnish to the Responsible Party named above for the use and benefit of the registrant a LoJack SafetyNet System consisting of a wristband, together with monitoring, response and tracking services appropriate and necessary for the use of such equipment.
2. The Responsible Party will immediately notify Brevard County Project Lifesaver in the event the registrant is discovered missing from the Responsible Party's care by calling **911** and identifying the registrant as part of the Project Lifesaver Program.
3. In the event that the LoJack SafetyNet bracelet is no longer needed by the designated wearer of said bracelet, Brevard County Project Lifesaver is to be notified immediately so that the bracelet can be removed.
4. It is expressly understood and agreed that Brevard County Project Lifesaver is responsible for the routine maintenance of the equipment provided, however, Brevard County Project Lifesaver is not responsible in any respect for any technical failure due to manufacturing or material defects of the equipment herein provided. It is expressly understood and agreed that Brevard County Project Lifesaver Program makes no warranties of any kind with regard to the equipment described herein, the operation or effectiveness of the equipment described herein.
5. In the event of the failure of the equipment described herein, the Brevard County Project Lifesaver Program will attempt to replace or repair such equipment, upon being notified of the need for such service, however, if the bracelet is lost or otherwise rendered unusable, due to damage caused by the registrant or Responsible Party, Brevard County Project Lifesaver would not be responsible for the repair or replacement of the bracelet. In order to continue in the program, it would be the responsibility of the Responsible Party to purchase a new unit.
6. It is specifically agreed and understood that the Brevard County Project Lifesaver Program shall retain all title and interest in said equipment and that upon termination from the program the wristband, and accompanying equipment will be returned to the Brevard County Project Lifesaver Program.

7. This agreement may be terminated at the option of either party upon thirty days written notice to the other party.
8. The Responsible Party specifically acknowledges and agrees that the LoJack SafetyNet bracelet tracking system is not intended to replace the care, monitoring, attention, and oversight to be provided by the Responsible Party to the registrant. The Responsible Party, on behalf of the registrant, accepts the use of the LoJack SafetyNet equipment and services described above with the understanding that the LoJack SafetyNet equipment and services are intended to be merely an additional tool providing an extra means of locating the wearer of the LoJack SafetyNet bracelet in the event that the wearer is discovered missing.
9. The Responsible Party understands and agrees that the Brevard County Project Lifesaver Program makes no warranties, guarantees, assurances, or promises of any kind as to the effectiveness or success of the tracking services provided herein, or of any search or searches undertaken utilizing the LoJack SafetyNet or other electronic equipment used during the term of this contract or pilot program. Therefore, the Responsible Party specifically disclaims any reliance, expectation of success, or dependence upon the equipment or services for the health, safety, welfare, finding, rescue, or retrieval of the registrant.
10. The Responsible Party specifically agrees not to rely upon the equipment or services herein for the safety, security, welfare, finding, or retrieval of the wearer of the LoJack SafetyNet bracelet.
11. Excessive damage or loss of equipment by the recipient whereby TRIAD has to provide replacement or repair of the bracelet will require the Responsible Party to reimburse TRIAD, or in some cases, the recipient maybe removed from the program.
12. If the recipient does not wear the bracelet for whatever reason for two (2) consecutive months, he or she may be removed from the program.
13. By signing below, I the Responsible Party, affirm that I have read and understand this contract, and it is my desire and intention to enter into this agreement by affixing my signature below I hereby agree to pay the amount of \$390.00 which includes the cost of the bracelet and a years supply of batteries and to adhere to the terms and provisions of this contract.

Responsible Party

Witness

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone

Phone