



Floyd County Police Department

APPLICATION FOR PROJECT LIFESAVER

Full Name : _____

Nicknames : _____ Date of Birth : _____

Home Address : _____

Home Phone : _____ Cell Phone : _____

Height : _____ Weight : _____ Hair (color and length) : _____

Medical Concerns: _____

Tattoos : _____

Distinguishing Marks : _____

Place of Employment : _____

Job Assignment : _____

Previous Employers: 1. _____

2. _____

Schools : _____

Emergency Contact (and phone) : _____

Address for Emergency Contact : _____

Emergency Safe Word : _____

Project Lifesaver ID : _____

Hobbies / Special Interests (ex: camping, hunting) : _____



Questions? Call 706-235-7766 or
ProjectLifesaverFCPD@gmail.com





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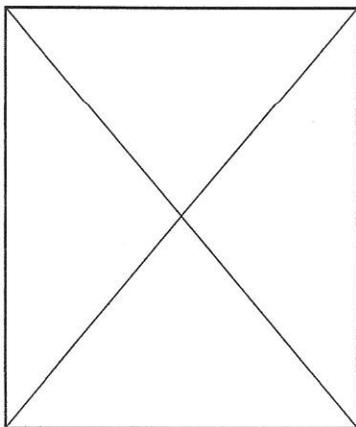
Liability Release

In consideration of my participation in Project Lifesaver, the undersigned, to the fullest extent permitted by law, hereby agrees and acknowledges on behalf of heirs and representatives, to release, indemnify and hold harmless Floyd County and the Floyd County Police Department and their respective employees, officers and agents from and against any and all claims, suits, judgements, losses, damages, personal injuries or liability, directly or indirectly arising from or in connection with the undersigned's participation in Project Lifesaver.

The undersigned acknowledges and agrees that participation in Project Lifesaver is voluntary and that said program is being offered only as a courtesy.

I also understand and agree that Project Lifesaver is not intended to nor does it in any way whatsoever create or impose a special duty on Floyd County Police Department or Floyd County and their respective employees, officers and agents regarding the undersigned's safety or well-being of person or property.

Please include a photograph of the person who is subject of this application.



Program Participant (print)

Signature



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