



## Release Form

Project Lifesaver Association of Nova Scotia  
35 Webster Street, Suite 201  
Kentville, N.S., B4N 1H4

By signing below, I hereby request to be released from the Project Lifesaver program.

By terminating the agreement between Project Lifesaver Association of Nova Scotia, Queens County Ground Search and Rescue and the undersigned, I acknowledge that all property must be returned to Project Lifesaver Association of Nova Scotia and that the caregiver must continue with security measures deemed appropriate for the Client's care at the current stage of his/her condition, and without recourse against Project Lifesaver or any of its agents.

I acknowledge that a member from the Project Lifesaver Program will collect this release form, transmitter and retrieve all related equipment as soon as possible from the date of this request. The Agent will be responsible for monthly costs to the date the release is requested.

It is my desire and intention to withdraw the contract.

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CLIENT'S NAME

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AGENT(S)'S NAME(S) (PRINTED)

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AGENT(S)'S SIGNATURE(S)

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DATE

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(WITNESS)

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FOR PROJECT LIFESAVER

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FOR QUEENS COUNTY GROUND SEARCH AND RESCUE

**Project Lifesaver - Release Form**

Introduced ..... April 20, 2011  
Approved..... April 20, 2011  
Amended .....September 21, 2012  
Amended .....April 29, 2021