



Release Form

Project Lifesaver Association of Nova Scotia
35 Webster Street, Suite 201
Kentville, N.S., B4N 2N3

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, Annapolis 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.

CLIENT'S NAME

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

AGENT(S)'S SIGNATURE(S)

DATE

(WITNESS)

FOR PROJECT LIFESAVER

FOR ANNAPOLIS COUNTY GROUND SEARCH AND RESCUE

Project Lifesaver - Release Form

Introduced April 20, 2011
Approved..... April 20, 2011
AmendedApril 29, 2021