



PROJECT LIFESAVER PROGRAM

Release from Liability

I give my permission for _____ (participant's name) to participate in the *Alzheimer's Alliance of Smith County* Project Lifesaver Program. I acknowledge that I have chosen this agency to provide these services, and I knowingly and voluntarily assume all risk of liability that may arise there from. I also acknowledge that the *Alzheimer's Alliance of Smith County* has made no representation to me regarding these services nor does it exercise any control over the manner or method by which the Agency delivers the services. Therefore, on behalf of myself and the above-named client, I covenant not to sue the *Alzheimer's Alliance of Smith County* or any of its agents, employees, or representatives. I hereby **WAIVE** and **RELEASE** them from any and all claims for personal injury or damage that may arise during the course of this program that I have chosen.

Authorization for Release of Information

I _____ caregiver/ legal guardian/family member of _____ hereby authorize the participating Agencies of the *Alzheimer's Alliance of Smith County* to release information concerning my records, medical history or other pertinent information in order to discuss and assist in securing appropriate services to meet my needs in the least restrictive or least limiting manner. I understand that all information presented is confidential. This release is valid during the time of service authorization. I understand that I may revoke, at any time, this authorization for release of information by writing the *Alzheimer's Alliance of Smith County*. I further understand that upon revocation of this release of information services authorized for any and all programs offered through the *Alzheimer's Alliance of Smith County* will be immediately discontinued.

Signature of Project Life Saver Participants' Caregiver/Guardian/Family Member

Date