



Polk County Sheriff's Office
Project Safe & Sound Application/Authorization Form



Please complete all information.

Name of person being registered:

Last: First: Middle:

Nickname (if any):

Street Address: City/State/Zip:

Address is (please check appropriate box): Residence: Apartment: Nursing Home:

Height: Weight: Race: Sex: Hair Color: Eye Color:

Date of Birth: Distinguishing Features:

Medical Conditions:

Remarks:

Doctor's Name: Telephone Number:

Caregiver(s) Information:

Caregiver's Full Name: Relationship:

Address: City/State/Zip:

Home Telephone Number: Cell Telephone Number:

Work Location/Telephone Number:

E-Mail Address:

Backup Contact Information: Relationship:

Address: City/State/Zip:

Home Telephone Number: Cell Telephone Number:

Work Location/Telephone Number:

E-Mail Address:

Bracelet Number: Date Issued:

I, parent, legal guardian or caregiver on behalf of the above named person, hereby authorize the local law enforcement agency to use the information provided for the Project Safe & Sound program, as necessary. In consideration for participating in the program, I do hereby release, waive, discharge and covenant not to sue, the Polk County Sheriff's Office, Polk County and the Polk

County Board of County Commissioners, Grady Judd, as Sheriff of Polk County, a Constitutional Officer for the State of Florida, individually and in his official capacity, and all members of the Polk County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, contractors, sub-contractors, and agents from any and all liability that may arise from participating in the program.

The undersigned further agrees to indemnify and forever hold harmless to the extent the law allows, the Polk County Sheriff's Office, Polk County and the Polk County Board of County Commissioners, Grady Judd, as Sheriff of Polk County, a Constitutional Officer for the State of Florida, individually and in his official capacity, and all members of the Polk County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, agents, contractors and sub-contractors, for any and all claims, causes of action, demands or damages, and costs (to include reasonable attorney's fees) present, past and future, contingent or otherwise, and for any acts of carelessness or negligence on the part of anyone which may directly or indirectly, including death, that arise out of participating in the program.

(Caregiver's Signature)

(Date)

Additional Comments:

Note: If any personal information changes occur after the initial application has been submitted, please contact the Crime Prevention Section at 863.298.6677.

For Administrative Use Only:

Confirmation: _____

Date: _____