S.A.V.E.S PROJECT

Participant Registration Form

For Participants and Families

How to use this form. The participant, or their parent or legal guardian, completes this form. Type into it on a computer or print it and fill it in by hand. Email the finished form and a photo to **support@savesproject.com**, or give it to the department that gave you your registration card. You can also register online at **savesproject.com/participant-registration**.

The S.A.V.E.S Project reviews every registration, usually within 24 hours. Once it's approved, a Participant Tool Kit is mailed to the participant's address, and a participant number is assigned.

Required: the agency that gave you your registration card, your name, the participant's first and last name and city, and the signed waiver.

Registration Card Agency

Which Agency Gave You Your Registration Card? *

Your Information

Your Full Name *

Your Relationship to the Participant (Self, Parent, Guardian)

Attach a clear, recent photo of the participant's face

Identity and Enrollment

First Name *

Last Name *

Name They Go By (Optional)

Date of Birth

Gender

☐ Male ☐ Female ☐ Other

Enrollment Date

Address

City *

State

ZIP

Phone

Email

Physical Description

Height

Weight

Hair Color

Eye Color

Race or Ethnicity

Medical Conditions

Diagnoses, Allergies or Other Medical Notes

Stressors and De-escalation

Known Stressors

De-escalation Tactics

Additional Information

Medications

Optional. List medications responders may need to know about, especially emergency (rescue) medications such as a seizure nasal spray, EpiPen or inhaler. How it's given: pill, liquid, nasal spray, inhaler, injection, skin patch, rectal or other.

Medication Name | Dose | How It's Given | Where It's Kept

What It's For or When to Give It

☐ Emergency (Rescue) Medication

Medication Name | Dose | How It's Given | Where It's Kept

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☐ Emergency (Rescue) Medication

Emergency Contacts

Full Name | Relationship | Phone

Address

Full Name | Relationship | Phone

Address

Full Name | Relationship | Phone

Address

Vehicle

Optional. Helps officers if the participant drives away or may try to drive.

Does the Participant Drive?

☐ Does Not Drive ☐ Drives ☐ Drives Sometimes or May Try to Drive

Year | Color | Make | Model

License Plate | Plate State | Other Details

School Information

Optional. If the participant attends a S.A.V.E.S partner school, their teachers and school administrators can see their safety information and alert police right away if they leave campus.

Does the Participant Attend School?

☐ Yes ☐ No

School Name | School District

Grade | Teacher or Classroom (Leave Blank for College)

Permission to Share With the School

☐ The participant's parent or legal guardian (or the participant, if an adult) gives the S.A.V.E.S Project permission to share this participant's information in the database (photo, description, stressors, de-escalation tactics, medical considerations and emergency contacts) with teachers and administrators at the school above, through S.A.V.E.S EDUCATOR. For a college or university, information is shared with the college's student support offices, and only the student (or their legal guardian or power of attorney) may give permission. Permission can be withdrawn at any time by contacting support@savesproject.com.

Name of Person Giving Permission | Date

Without this permission, school staff won't see the participant. Police access is not affected.

Care Facility

Optional. If the participant lives at a S.A.V.E.S partner facility, its administrators can see their safety information and alert police right away if they go missing.

Does the Participant Live in an Assisted Living Facility, Nursing Home, Memory Care or Group Home?

☐ Yes ☐ No

Facility Name and City

Permission to Share With the Care Facility

☐ The participant's legal guardian or power of attorney (or the participant, if they make their own decisions) gives the S.A.V.E.S Project permission to share this participant's information in the database (photo, description, stressors, de-escalation tactics, medical considerations and emergency contacts) with the administrators of the care facility above, through S.A.V.E.S FACILITY. Permission can be withdrawn at any time in the S.A.V.E.S CONNECT app or by contacting support@savesproject.com.

Name of Guardian or Adult Participant Giving Permission

Date

Parent or Guardian (Optional)

For the S.A.V.E.S CONNECT app, so the family can keep this information up to date. Once the registration is approved, they'll get an email explaining how to sign in.

Name

Relationship

Email

Waiver and Release of Liability *

In consideration of enrollment in the S.A.V.E.S Project Database and its associated programs, including S.A.V.E.S Project ID and the Blue Envelope Program, the undersigned, on behalf of the individual named in this form, acknowledges and agrees as follows:

1. Participation in S.A.V.E.S Programs is voluntary, and the S.A.V.E.S Project makes no guarantee regarding the outcome of any first responder encounter.
2. The undersigned releases and holds harmless the S.A.V.E.S Project, its board members, officers, and volunteers from any and all claims, damages, or liability arising from participation in S.A.V.E.S Programs, except to the extent caused by the S.A.V.E.S Project's own gross negligence or willful misconduct.
3. The undersigned understands that information provided in this form will be handled consistent with the S.A.V.E.S Project's confidentiality practices, and may be shared with partner first responder agencies solely for the safety purposes described in program materials.
4. The undersigned may request that the individual's information be updated or removed from the database at any time by contacting the S.A.V.E.S Project.
5. This Waiver and Release of Liability shall remain in effect for as long as the individual is enrolled in the S.A.V.E.S Project Database, and shall be governed by the laws of the State of Michigan.
6. The undersigned represents that they have the legal authority to consent to enrollment on behalf of the individual named in this form, whether as a parent, legal guardian, or the individual themselves.

☐ **The participant, or their parent or legal guardian, has read and agrees to the Waiver and Release of Liability.**

Name of Person Agreeing *

They Are the

☐ Participant (Self)

☐ Parent ☐ Legal Guardian

Signature

Date