



Agreement to Terms of Service and Registration

Name of Client/Guardian ("Client" or "I"): _____
Email Address: (this becomes your login name): _____
Cell Phone: (for notifications and voice capabilities): _____

Mailing Address: _____

Person using the device: _____ Age: _____

Additional Information (e.g. ASD, Non-verbal, sensory difficulties): _____

Additional Accessories needed :
Belt: _____ (see sizing) Waterproof Pouch: _____ Undershirt: _____
(see sizing)

Included in the Subscription kit (equipment purchased from AngelSense):

- GPS Device
- Magnetic key
- 3 fasteners
- Sleeve for device
- New in 2020 Version
- 30% Longer Battery Life
- Late Arrival & Departure Alerts
- Step Counter (Location & Daily)

Subscription Plan Includes (subscription fees paid to AngelSense):

- Real-time tracking app: IOS, Android, webUnlimited mobile & email alerts
- Unlimited first responder alerts
- Unlimited guardians
- Unlimited personalized first responder team

- Unlimited automated geofencing
- Emergency runner mode
- Voice features 60 min per month included
- Alarm capability
- ETA capability
- FREE onboarding support by phone
- Customer support by special need parents

Terms and Conditions

In agreement with the nurturing program (the "Program") established between AngelSense and the Bergen County Sheriff's Office, a quarterly report will be provided highlighting client usage within the first year. AngelSense will add Bergen County Sheriff's Office as a Guardian on the client's account. Bergen County/Bergen County Sheriff's Office agrees NEVER to use the AngelSense App to track the person using the device unless requested by the Client. In such case, the Client will contact the Bergen County Sheriff's Office and provide such authorization. The Bergen County Sheriff's may then access AngelSense's system to determine the location of the person using the device and assist in a search. The Sheriff's Department may also contact AngelSense at 646-770-2950 on behalf of the Client to obtain technical assistance if needed.

I represent that I am the legal guardian or authorized representative of the person using the GPS device, and I am authorized to enter into this Agreement on his or her behalf.

I agree to the terms and conditions set forth by AngelSense, in collaboration with the Bergen County Sheriff's Department. **I understand that I will have a 30 day trial with AngelSense, and agree to a walk through call with a member of the customer service department to become familiar with the device and the app.** I will provide my credit card information prior to receiving the device to activate the subscription, and will be reimbursed for the first month of service **if I choose to cancel in the 30 day trial period**, and return the device and all accessories to Bergen County Sheriff's Office. After the 30 day trial, I will be in a one year subscription contract with AngelSense, and will continue the monthly fee of \$49.99.

I agree to grant permission to the Bergen County Sheriff's office to periodically collect usage data from my account. I also authorize the Bergen County Sheriff's Office to share this information with other law enforcement agencies or other governmental agencies as necessary to assist in an emergency to locate the person using the device.

I understand that while AngelSense utilizes GPS technology to locate individuals who wear the device, there may be times when an individual cannot be located due to device malfunction or other unforeseen circumstances. I agree to assume any and all responsibility for my use of the equipment or services set forth herein.

I understand that the equipment and services are provided solely by Angelsen. The County of Bergen and Bergen County Sheriff's Office are not parties to my contract with

AngelSense, and am not responsible for payment of any portion of the monthly fee or any costs to repair or replace any of the equipment required to participate in this program.

I acknowledge that no representation or warranty is made by the Bergen County Sheriff's Office regarding the safety or effectiveness of the GPS device for use as a GPS tracking device or for any other purpose. I acknowledge that while the GPS device is designed to be a helpful tool to aid in keeping track of a special needs individual, it cannot replace constant, vigilant supervision of such individual. I acknowledge that by participating in the Program, the Bergen County Sheriff's Office is not assuming responsibility for any special needs individual for whom I am responsible. I assume any risk involved with use of the GPS device.

I, on behalf of myself, my personal representatives, heirs, successors, and assigns, and on behalf of the Person using the device and his or her personal representatives, heirs, successors, and assigns, hereby voluntarily release, discharge, waive, and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death arising as a result of my participating in the Program and any activities incidental thereto, wherever or however such activities associated with the Program may occur, and for whatever period the Program may continue. Further, I hereby release, waive, discharge and relinquish any action or causes of action which may hereafter arise for and agree that under no circumstances will I prosecute or present any claim for personal injury, property damage or wrongful death against the the County of Bergen, the Bergen County Sheriff's Office, or any of their elected officials, officers, agents or employees (collectively "the County of Bergen/Bergen County Sheriff's Office") for any of said causes of action, whether the same shall arise by the negligence of the aforementioned said persons, or otherwise, as a result of my participating in the Program.

Except as otherwise provided in this agreement, it is the intention of the Client and the County of Bergen/Bergen County Sheriff's Office that the releases contained in this agreement shall be effective as a bar to all unknown and unsuspected actions, causes of action, obligations, costs, expenses, attorneys' fees, damages, losses and claims that may arise relating to the Program and the subject matter of this agreement.

IT IS THE INTENTION OF THE CLIENT BY THIS AGREEMENT TO ASSUME ALL RISKS ATTENDANT WITH THE PROGRAM AND TO EXEMPT AND RELIEVE THE COUNTY OF BERGEN/BERGEN COUNTY SHERIFF'S OFFICE FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY THE THE CLIENT'S NEGLIGENCE OR WRONGFUL ACTS OR OMISSIONS.

The Client agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the County of Bergen/Bergen County Sheriff's Office arising as a result of the Client's participation in the Program, the Client shall defend, indemnify and hold harmless the County of Bergen/Bergen County Sheriff's Office, from and against any and all such claims or causes for action by whomever or wherever made or presented.

The undersigned represents and warrants that he or she, as the Client, or the authorized representative or guardian of person using the device, has full authority to execute this Agreement on behalf of the Client and the person using this device to this Agreement.

Signature of Client:

_____ Date: _____

Cc: AngelSense, Customer Care



BERGEN COUNTY SHERIFF'S OFFICE

SHERIFF Anthony Cureton

Community Outreach Unit
2 Bergen County Plaza
Hackensack, NJ 07601
(201) 336-3540



Information Sheet

If you need to contact Community Outreach please do so at 201-336-3540; Monday-Friday, 8:00am - 4:00pm.

Our Operations Division can be reached 24/7 at:

(201) 336-3555

If the client is going out of state or county for an extended period, such as a vacation, please call the Community Outreach Unit at (201) 336-3540 to provide the necessary information.

About AngelSense:

- The device can attach to clothing via the magnetic pins or one can purchase additional wearables via the AngelSense website at www.angelsense.com.
- For technical support please call (646) 770-2950.
- The device is not waterproof and needs to be removed for bathing, showering or swimming, it is however, water/splash resistant.
- The device needs to be charged daily and has a battery life of approximately 24 hours.
- If the device is lost, please notify the Community Outreach Unit as soon as possible *
The device is the responsibility of the caregiver
 - * If lost the caregiver is responsible for replacement costs, **the replacement cost is \$99**
- If the client is considered eligible and has met all requirements listed above, please fill out the application.



BERGEN COUNTY SHERIFF'S OFFICE
SHERIFF ANTHONY CURETON

2 Bergen County Plaza
Hackensack, NJ 07601
Community Outreach Unit
(201) 336-3540



ENROLLMENT APPLICATION

Client Name: _____

Nickname(s): _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

PHYSICAL DESCRIPTION

Date of Birth: _____ Current Age: _____

Height: _____ ft. _____ in. Weight: _____ Facial Hair: _____

Hair Color: _____ Hair Style: _____ Eye Color: _____

Race: _____ Complexion: _____

Distinguishing scars, marks, tattoos (describe): _____

If the client does not understand English, indicate what language is understood: _____

Glasses: Yes No Hearing Aid: Yes No

Does Client go out alone: Yes No If Yes, please explain: _____

CLIENT HEALTH

Diagnosis: _____ Diagnosed when: _____

Additional known medical issues: _____

Known psychological issues: _____

Known physical handicaps: _____

Medications (name, dosage and frequency): _____

Attending Physician: _____ Phone Number: _____

WANDERING/ELOPEMENT HISTORY

Prior history of wandering: If Yes, please list dates and locations where applicant was found.

Emergency Contact List

1. Name: _____ Relationship to Client: _____

Address: _____ Cell: _____

2. Name: _____ Relationship to Client: _____

Address: _____ Cell: _____

3. Name: _____ Relationship to Client: _____

Address: _____ Cell: _____

Guardian

Name: _____ Relationship to Client: _____

Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Employer Name: _____

Employer Address: _____

Work Phone: _____

E-mail: _____ Relationship to Client: _____

Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Employer of Name: _____

Employer Address: _____

Work Phone: _____ E-mail: _____

SCHOOL/MANAGED CARE FACILITY

Facility /School Name: _____

Address: _____

Contact Person: _____ Phone: _____ Fax: _____
