

GPS AngelSense Consent Form

Autism Alliance of Michigan 30100 Telegraph Rd. Ste 250 Bingham Farms, 48025

Dear Family,

Thank you for applying to the Autism Alliance of Michigan for a GPS Device Scholarship. We hope that we are able to fund this GPS Scholarship and that it will offer peace of mind for your family.

In order for AAoM to maintain the monthly service subscription, we require that our vendor, AngelSense, monitor the usage of the device and send regular usage reports to AAoM. This report will not include any location details (i.e. where you live or where you go); it will only provide your name and confirm that the device is being used, so we know to continue to make the monthly payments for continued service. Any personal information given to AAoM regarding your account will be kept strictly confidential.

Please sign and date below indicating your approval for this information to be shared between AAoM and our vendor. You may email this form (along with the other packet materials) back to AAoM (navigator@aaomi.org). If you prefer, you may also mail it to:

Autism Alliance of Michigan
Attn: GPS Scholarship Program
30100 Telegraph Rd., Suite 250
Bingham Farms, MI 48025

I have read and understand the above:

Parent Signature _____

Date _____

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

Autism Alliance of Michigan is granting me possession of a GPS tracking device for use in tracking special needs individual(s). In consideration thereof, I hereby release, waive, discharge and covenant not to sue and hold harmless Autism Alliance of Michigan along with its management, board of directors, employees, volunteers, agents, representatives, sponsors, independent contractors, and insurance carriers (collectively "Autism Alliance") from any and all liability for any personal injury, death, property damage or any other damage or loss whatsoever caused during, or in any way related to, use of the GPS device given to me.

I acknowledge that no representation or warranty is made by Autism Alliance 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 granting me possession of a GPS device, Autism Alliance 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 agree to indemnify, defend and hold harmless Autism Alliance against all claims, causes of actions, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any arise from use of the GPS device given to me.

Any legal or equitable claim involving Autism Alliance that may arise from use of the GPS device given to me shall be resolved under Michigan law. In the event there is any conflict between this Agreement and any previous oral or written promises or agreements made between myself and Autism Alliance, this release of liability supersedes such promise or agreement. This Agreement is not intended to and shall not operate to benefit any third party.

In signing this agreement, I acknowledge and represent that I have fully read and understood the foregoing agreement and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending for both myself and my spouse, heirs, executors, administrators and assigns to be bound by same Agreement.

Signed By: _____

Name: _____

Date: ____/____/____

Signed By: _____

Name: _____

Date: ____/____/____

Photo Release Form

Autism Alliance of Michigan 30100 Telegraph Rd. Ste 250 Bingham Farms, 48025

Permission to Use Photograph and Video

I grant to Autism Alliance of Michigan (AAoM), its representatives and employees the right to take photographs and videos of me, or my child and my property in connection with the above identified subject. I authorize AAoM, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that AAoM may use such photographs/videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, news stories, and Web content. This release will remain in effect until _____, (or otherwise for 12 months from the date of signature if not specified).

I have read and understand the above:

Signature of subject _____

Printed name of subject _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature of parent or guardian (if under age 18) _____

Witness printed name _____

Witness signature _____