



## Consent to Participate in CARE

I, \_\_\_\_\_, agree to participate in the Collier County Sheriff's Office (CCSO) Community Assistance Resource Education or "CARE" program. The CARE program qualifies under F.S.S. 402.88 as a Persons with Disability Registry. I understand that this database is maintained by CCSO, in compliance with applicable law. I understand that this database includes, but is not limited to, information such as my name, birthdate, physical descriptors, other identifying information, type(s) of disability, and other relevant information that may be used to assist first responders when interacting with me. I understand that the information is exempt from public records and is NOT subject to public release.

Please sign in front of a witness and both yourself, your guardian and the witness will need to sign this form.

Participant Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian/Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_