

Voice Features Deactivation Agreement - *with editing permissions*

Whereas, _____ (Guardian) the Guardian of _____ (Angel), have subscribed to the AngelSense service (AngelSense), which includes a personal GPS device for Angel to wear; and who is currently a client of _____ (Entity).

Whereas this GPS system has two voice features, including 2-Way Voice and 1-Way Voice; and the GPS system does not record.

Whereas the 1-Way Voice feature allows Guardians to listen in in real time.

It is hereby agreed as of _____ (date), between Guardians and Entity as follows:

- The following feature(s) of the Angel's GPS system will be disabled, as specified in the attached Entity Schedule. (please check voice feature to deactivate)
 1-Way Voice 2-Way Voice Alarm
- **In the event that the Angel elopes from Entity or any Entity-sponsored activity,** Guardians can reactivate the voice features of Angel's GPS system
- The following feature(s) will be available to the Entity representatives below: (please check desired features)
 - Notifications when voice features are disabled (start of day) and enabled (end of day)
 - Notifications with School Schedule change (if features are enabled during set Hours)
 - Notifications of Arrival and Departure (during set Hours)
 - Timeline View (during set Hours)
 - Edit School Schedule



Address: 30 Chapin Rd. Unit 1201
Pine Brook, NJ 07058



Contact email:
info@angelsense.com



Phone:
646-770-2950

Agreement Expiration:

This Feature Commitment begins _____ (date) and expires on _____ (date).

The voice features selected above, will not be available during:**

Days: _____ - _____, Hours: _____ - _____

Days: _____ - _____, Hours: _____ - _____

****Excluding days provided in the following table:**

(Month/Day/Year) Ex. 12/24/19 - 1/14/20

**Note: All dates listed below will be enabled for the full day.*



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Entity approved contacts are:

For securing and verifying the communication from Entity, AngelSense will only act on requests that are sent through the listed pre-approved Entity personnel via email.

Authorized Entity personnel:

Primary:

Name: _____

Title: _____

Email: _____

Telephone: _____

Mobile: _____

Alternate if Primary Unavailable:

Name: _____

Title: _____

Email: _____

Telephone: _____

Mobile: _____

Optional Additional Entity Email for Receiving Notifications

Name: _____

Title: _____

Email: _____

Telephone: _____

Mobile: _____



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(Guardian Signature): _____

Date signed: _____

(Entity Signature) _____

Date signed: _____

(AngelSense Signature) _____

Date signed: _____

Guardian Name: _____

Guardian Email: _____

Guardian Telephone: _____

*Angel ID: _____



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