ADULT SUPERVISOR FORM:

2006-2007

ENFORCEMENT COMPLIANCE CHECKS INITIATIVE

Carefully read each item below. Your signature at the end of this form signifies your understanding of this information and your willingness to abide by all terms herein.

1. I understand that the purpose of the Enforcement Compliance Check Initiative is to monitor retailers to prohibit the sale or distribution of tobacco products to persons under the age of 18.
2. I agree to meet with the youth participants at specified locations and times for this Initiative and provide supervision for those youths as part of this Initiative.
3. I understand and agree that I am not to pursue or participate in any activity relating to tobacco age of sale law violations other than as part of this Initiative.
4. I agree not to violate any laws or commit any crimes while participating in this Initiative.
5. I confirm that I have a valid Pennsylvania driver's license and current automotive insurance policy.
6. I understand that I may be asked to testify, if necessary, in any hearings related to the purchase of tobacco products.
7. I understand that my participation in this Initiative begins with my signature on this form and is terminated at the time this Initiative is completed or upon written notification to the local enforcement agency below.

I have reviewed the above Adult Supervisor Form and agree to abide by all terms. I further state that I am over the age of 21.

I, the undersigned, intending to be legally bound, do hereby release Washington County Health Partners, Inc. (WCHP) from all liability resulting from accidents or injuries sustained by participation in or transportation to and from the above activity.

_____ Street Address: _____

Printed Name of Adult Supervisor City, State, Zip: _____

_____ _____

Signature of Adult Supervisor* Date Signed

Daytime phone #:_____ Evening #: _____

Best time to call: _____

THIS SECETION IS TO BE COMPLETED BY THE ENFORCEMENT AGENT:

_____ _____

Printed Name of Enforcement Agent AND Name of Municipality/WCHP

_____ _____

Signature of Enforcement Agent* Date Signed

This Section to be completed by WCHP

Training Date: _____ - _____ - _____ Date Faxed to DOH: _____ - _____ - _____

***All faxed signatures deemed as originals.**