

I, _____, a participant in Sarpy County Community Service, agree to perform community service at any agency designated by Sarpy County Community Services and to conduct myself in a responsible, professional manner at all times while performing community service . I agree to follow all policies and procedures set forth by the Sarpy County Community Services Department and of any agency I am assigned to for community service.

I further agree to indemnify Sarpy County, its employees, agents and sponsors of events for any damage or injury caused by my actions.

In the event that I am unable to consent on my own, I hereby authorize any necessary medical treatment to be given to me and specifically authorize an employee (of Sarpy County or designated agency), attending physician, or hospital to consent to medical treatment which said employee, attending physician, or hospital may deem necessary under the circumstances.

Emergency Contact Person and Relationship: _____

Emergency Contact Person Phone: _____

Signed: _____

(participant)

Dated: _____

Please provide any information that you feel is necessary to help us ensure your safety (i.e. health concerns, medications, allergies, etc):
