**Agreement of Understanding**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full name), hereby agree to assist the Sauk County Partnership for Prevention coalition and participating local law enforcement agencies in the investigation of the sale of alcoholic beverages to underage persons as part of the Sauk County Alcohol Age Compliance Check Program. I understand that my participation does not make me an employee of Sauk County, Sauk County Partnership for Prevention, Sauk County Health Department, or any participating law enforcement agency. I understand that I am not a law enforcement officer and agree that I will not represent myself in that manner at any time. I understand that as a participant in Sauk County Alcohol Age Compliance Checks, I am not entitled to carry a firearm or a badge.

I understand that my participation in the Sauk County Alcohol Age Compliance Check Program is on an as-needed basis.

I attest that I am not related to an alcoholic beverage licensee in Sauk County.

I understand that participation in this program does not extend any special privileges to me. Grounds for termination from this program include: any violation of law, except at the direction of a law enforcement officer; failure to abide by the terms of this agreement; failure to follow instructions or procedures of the Sauk County Partnership for Prevention, Sauk County Health Department, or participating law enforcement agency; and any school-related problems including poor attendance or grades.

I agree to respond truthfully as to my legal age if asked by the licensee or his/her employee during an investigation in the Sauk County Alcohol Age Compliance Check Program. I also agree that my dress will be such that it will not make me appear to be older than I am.

I understand that I may not sample any alcoholic beverages that are purchased on behalf of the participating law enforcement agency.

I understand that I may be required to testify in criminal or administrative hearings.

I recognize that there are certain inherent risks associated with participation in the Sauk County Alcohol Age Compliance Check Program and I assume full responsibility for personal injury and further release and discharge Sauk County Partnership for Prevention, Sauk County, and participating law enforcement agencies (including the Sauk County Sheriff’s Department, Baraboo Police Department, Reedsburg Police Department, Lake Delton Police Department, Sauk Prairie Police Department, Spring Green Police Department, La Valle Police Department, and Merrimac Police Department) for any injury, loss, damage, and any and all costs and expenses, including attorney’s fees, for damage(s), claims for damage(s) or otherwise, arising from participation in the Sauk County Alcohol Age Compliance Check Program, whether caused by the fault of me or a third party.

I attest that this agreement is entered into of my own free will and not as a result of intimidation, threats, coercion, or promises.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print WITNESS name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_