



## VII. Youth Consent Form

### FY 2017

Youth Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Youth's Driver License or Identification Card No.: \_\_\_\_\_

- ▶ I understand my participation is voluntary and I will be under the supervision of a law enforcement officer at all times.
- ▶ I understand it is essential to maintain the confidential nature of the program, therefore ensuring the effectiveness, accuracy and validity of the outcome.
- ▶ I understand my participation in the project can be terminated at any time by myself, a parent or the law enforcement agency.
- ▶ I understand compliance checks may result in the purchase of tobacco, alternative nicotine and vapor products. I understand tobacco, alternative nicotine and vapor products will be treated as evidence and maintained by the law enforcement agency.
- ▶ I understand that I may be required to enter bars.
- ▶ I understand retailers in violation of minimum-age tobacco, alternative nicotine and vapor product laws may receive citations that result in monetary fines, suspension or revocation of their license and that I may be asked to participate in the adjudication process.
- ▶ I understand the success of the project is not dependent upon making successful, illegal purchases.

*My signature on this document verifies my willingness to participate in the project and to follow the rules and procedures outlined in the training.*

**Youth Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*I have read the Program Procedures and Youth Participant Guidelines and give my permission for my child to participate in this project.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Program Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_