

**STATEWIDE TOBACCO OUTLET ENFORCEMENT INITIATIVE 2003  
DESIGNATED ADULT SUPERVISOR FORM**

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 Initiative 2003 (Initiative) is to monitor vendors 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.

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

\_\_\_\_\_  
Printed Name of Designated Adult Supervisor

\_\_\_\_\_  
Signature of Designated Adult Supervisor

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Pennsylvania Department of Health or Local Government Agency