

Service Agreement

I _____, holder of ID N° _____ and residing at _____
_____, hereby agree with the terms and conditions explained below as long as
I am receiving by Agenzija SAPPOR.

I agree to participate in all the meetings that relate to the service that I am receiving as well as my involvement in the programme. This includes following the guidelines falling within Agenzija SAPPOR's policies and procedures. The Agency binds itself to inform me of such meetings.

I agree and accept that while I am receiving support by Agenzija SAPPOR, the following conditions apply:

- I consent that all the written information/reports of medical, psychiatric, psychological, and treatment plans be shared with Agency staff, internal and external consultants who are and will be involved with my physical/medical/psychological well being.
- I consent that if I require immediate and urgent medical and/or physical treatment while receiving support from Agency staff, SAPPOR assumes authority on my behalf.
- I consent to be transported in the Agency vehicles, Agency staff personal vehicle and any Agency hired cars/buses. In any event that there is an unexpected accident that may injure me, I will not hold the Agency, staff members and Board of Directors responsible and will not press charges against the Agency or its Employees, unless there is negligent or careless driving.
- I consent to participate in research projects only if the goal is to better the quality of life for disabled individuals, provided that I give my approval for the said projects and that they are not detrimental to my physical and/or mental health.
- I consent that when I require to be held for my safety as well as that of others, staff members are allowed as last resort to physically control me during uncontrollable emotions.

Signature of Client

Signature of Witness

Signature of SAPPOR Chief Operations Officer

Date