

NAME:

**Corrections Alternative Work  
Program  
Agreement**

PID :

**NOTICE TO APPEAR**

By signing this notice to appear I promise to appear for work or my assigned activity at the time and place specified in this notice. If I fail to appear for the program at the time and place agreed, or I do not perform the work or activity assigned, or for any other reason am no longer a fit subject for release under this section, I understand that the Director of Corrections or their designee may take me into custody to serve the balance of my sentence. Any person who willfully violates his or her written promise to appear at the time and place specified in the notice is guilty of a misdemeanor.

**Appearance location is West entrance of 1125 Third St Napa.  
Appearance time is 7 AM.**

**DATE(S) TO APPEAR**

OF					
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**WAIVER OF LIABILITY AND CONSENT TO MEDICAL TREATMENT**

I understand that I am performing physical labor type work such as but not limited to: picking up garbage, painting with a brush, grounds keeping, etc.

The undersigned certifies that he/she knows of no physical disorder or medical condition which should keep him/her from participating in the Napa County Department of Corrections Alternative Work Program pursuant to Penal Code Sections 4024.2 and/or 4024.3, including the performance of services as described above. The undersigned waives any claim of liability against, and agrees to hold harmless the County of Napa, and each of its officers, agents and employees, from any claim of injury to the undersigned arising out of or in any way connected with his/her participation in the Corrections Alternative Work Program.

Further, I undersigned that should I become injured while participating in the Corrections Alternative Work Program and I am unable to consent to emergency treatment at the time of the injury, I hereby authorize any physician or surgeon licensed in the State of California to perform emergency treatment (including emergency surgical treatment) as in his or her sole professional judgment may be necessary.

**I HAVE RECEIVED A COPY OF THIS DOCUMENT**

\_\_\_\_\_  
**Staff issuing Notice to Appear**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**