

IDAHO DEPARTMENT OF CORRECTION
Execution Witness Acknowledgment & Agreement

I understand and agree to the following conditions to a witness to the execution of an individual sentenced to death by the State of Idaho.

1. I will maintain a degree of conduct, demeanor, and appearance that appropriately reflects the gravity of the execution process. This expectation includes practicing restraint and demonstrating courtesy when interacting with others, including IDOC staff and other witnesses. I will obey all directives issued by IDOC staff while on IDOC premises.
2. I agree to undergo the background check all visitors to IDOC facilities must pass and to obey the IDOC rules for facility visitors. I agree to be searched prior to entering and exiting IMSI in the same manner required of all visitors to other IDOC facilities and that I may be searched more than once. I agree to follow all IDOC rules for visitors and contraband.
3. I will not bring any personal property into IMSI such as cell phones, cameras, electronic recording devices, drawing materials, paper, pens, pencils, or contraband any kind. Any prohibited personal property will be subject to seizure and returned upon my exit from IDOC facilities, if at all. IDOC will provide pen and paper upon request.
4. I understand and agree that absolutely no video, audio, or digital recording of any event inside the execution chamber is allowed. Any recordings made contrary to this agreement and the equipment used to make the recording will be subject to seizure and destruction.
5. I understand and agree that a violation of any of the above conditions, any other IDOC regulation or rule, or directive from an IDOC staff member may result in my removal from the witness area, the Execution Unit, or IDOC premises.
6. I understand and agree that I do not have a personal right to witness the execution and IDOC has not created a right for me to witness the execution.
7. [For media representatives only] I agree to participate in a news conference immediately after the execution to report my experience and observations of the execution.

Full Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Email address: _____ Telephone Number: _____

Agency & Title (media representatives): _____

I wish to witness the execution in the following capacity (check one):

- State Witness Victim's Witness Condemned's Witness Media Representative

I agree to abide by the conditions listed above as a condition of witnessing the execution. I declare under penalty of Idaho perjury law that all information I have provide is true and correct.

Signature

Date