COMMITMENT TO LIVING CONTRACT

I, ________________________________, (student), hereby contract with ________________________________ that I will take the following actions if I feel suicidal.

1. I will not attempt suicide.
2. I will phone __________________________ at __________________________
   Or, ________________________________ at __________________________.
3. If I do not reach ______________________, I will phone any of the following services.
   BOZEMAN HELP CENTER  406-586-3333
   SUICIDE PREVENTION HOT LINE  800-273-8255
   __________________________  ___________
   __________________________  ___________

I will further seek supports from any of the following people:

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<th>NAME</th>
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I could also do this:

If none of these actions are helpful or not available, I will check in the ER at the following:

Bozeman Deaconess Hospital  585-1000
915 Highland Blvd, Bozeman

If I am not able, I will phone 911 for help.

Student’s Signature ____________________________  Date __/__/__
Staff’s Signature _______________________________  Date __/__/__