LAW ENFORCEMENT MANAGEMENT INSTITUTE OF TEXAS

Sam Houston State University/CJC

Huntsville, Texas 77341-2417

Tel: 936/294-4461 Fax: 936/294-3926

www.LEMITONLINE.org

**International Police Program Registration**

Directions: Please complete **ALL** items (type or print), sign, and return completed registration form to Magdalena Denham at the address above.

Country: ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. PERSONAL INFORMATION (Please list name as it appears on passport/identification):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First/Middle

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City/State/Zip Code

(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Telephone Number Work Telephone Number E-mail address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number PID Gender (M/F) Ethnicity

**\* All participants must be at least 18 years of age.**

II. PASSPORT INFORMATION:

Full legal name as it appears on passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III. MEDICAL INFORMATION:

**For certain medical conditions, you may be required to provide written consent from a physician or to demonstrate that you have sought a physician's advice about appropriate precautions to take on this trip and to bring an adequate supply of any prescribed medications**. (If uncertain as to fitness for participation, be certain to consult your personal physician.)

**List any medical conditions you may experience**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List any medications you take regularly**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List any surgeries you have undergone**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List any allergies you may have**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IV. EMERGENCY CONTACT(S) INFORMATION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address E-mail address

(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # Telephone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Relationship

V. REQUIRED ATTACHMENTS:

 \_\_\_\_\_\_\_\_\_\_ Current resume/vita.

 \_\_\_\_\_\_\_\_\_\_ One passport size photo.

 \_\_\_\_\_\_\_\_\_\_ Copy of the face page of your passport.

VI.CERTIFICATION AND ACCEPTANCE OF TERMS:

**I certify that all the above information is true and correct to the best of my knowledge. I have read, understand, and fully accept all of the above terms for participation in the International Police Program.**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant Date Signed

If you have any questions about the program or registration process please contact:

 Magdalena Denham

 Program Coordinator, LEMIT

 Telephone: (936) 294-3481

 Fax: (936) 294-3926

 Email: cmartinez@shsu.edu

VII. RELEASE AND WAIVER OF LIABILITY:

I acknowledge that participation in a travel program involves some risks of injury, illness, or loss of personal property. I agree to release and forever discharge the Board of Regents of the University System of Texas, its members individually and its officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind or nature arising from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries including death, damages to property and the consequences hereof resulting from my participation in the 2007 study abroad program.

 I further certify that, to the best of my knowledge, I am in good health and physically capable of undertaking an intensive program of foreign study. I hereby authorize the leaders of this program to provide necessary medical treatment or services for me **at my expense**. Further, I understand that this Release and Waiver of Liability shall be effective for a period of one year from this date.

By signing this form you are acknowledging that you understand the release and waiver of liability and have disclosed all medical conditions, surgeries and/or medications you are on.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

SAM HOUSTON STATE UNIVERSITY

AFFIRMATION, WAIVER, AND LIABILITY RELEASE

Out-of-Country Travel by SHSU Student or SHSU Employee

Traveler’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Trip:

Original Point: Huntsville, TX

Designation Point:

Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In exchange for permission and other good and valuable consideration given to the undersigned person by Sam Houston State University to take the above trip, the undersigned person or his/her estate hereby releases, discharges, and “hold harmless” Sam Houston State University, its regents and employees (“the University”), from any and all liability arising in connection with the undersigned person’s participation in the above-described program or activity. Further, the undersigned person specifically releases and waives any and all claim(s) against the University for injury, damage, other loss of whatever kind, or death arising from acts or omissions of the University and/or any other person (whether natural, corporate, or otherwise), regardless except for acts or omissions that are grossly negligent. Such releases shall not include benefits, including insurance, that are customarily due state employees.

The undersigned person further affirms that he/she understands the risks and dangers inherent in the above-described program or activity; participates therein freely and without guarantee or compulsion; and is of lawful age and legally competent and empowered to sign this affirmation, waiver and release; and he/she signs the same voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Traveler’s Printed Name Traveler’s Signature Date

**Processing instructions:** This form is effective 10/01/03 and is to be completed prior to departure by each employee and student of Sam Houston State University traveling outside the continental United States, Alaska, and Hawaii, regardless of whether travel reimbursement is requested or not. This form must be on file as a condition of being permitted to travel. Faculty and staff must submit both to the SHSU Administrative Accounting Office for review and submission for final approvals.