

The University of Tennessee at Martin
Department of Behavioral Sciences
National Forensic Academy Collegiate Program Application

I. Personal Data

Name _____
First _____ *Middle* _____ *Last* _____
Address _____ City _____ State _____ Zip _____
Phone () - Alt/Cell () - Email _____
Date of Birth ____/____/____ UTM Student ID _____

Medical information/conditions (e.g. allergies, chronic problems, medications)
Write none if none _____

Emergency Contact:

Name _____ Phone _____ - _____
Address _____ City _____ State _____ Zip _____

II. Academic Information:

Home or Degree-seeking Institution: _____
Major(s) or area(s) of academic interest: _____
UTM Degree seeking student () yes () no Classification _____ GPA _____

IV. Course Selection

All participants **MUST** be admitted to the University of Tennessee at Martin and register for CJ 435/635 *Forensics and Physical Evidence* (9 hrs).

V. Accommodations

All participants will be provided housing in furnished double-occupancy apartments included in the total program cost.

VI. Transportation

Transportation to and from provided housing and program facilities is the responsibility of the participant. All travel costs incurred by the participant are in addition to program costs assessed by the University for the NFACP and are the responsibility of the participant.

VII. Release

In consideration of my application in the **National Forensic Academy Collegiate Program** under the sponsorship of UTM, I hereby covenant and agree that as a participant in the UTM program I shall be subject to the supervision

and authority of the faculty in charge, that the standards of conduct may be stipulated by the faculty, and that I will be expected to display maturity and responsibility as a representative of the University. It is further acknowledged that the faculty member has the sole authority to make decisions regarding the continued participation of any individual whose conduct may necessitate disciplinary action. It is further understood and agreed that the University shall not assume any liability for damage or loss of property or for any financial or other obligation by me as a participant in this program. Moreover, I specifically agree to release, discharge, save, hold harmless, indemnify and defend the University, their officers, faculty, employees, agents and each of them from any and all past, present, and future claims, demands, and for causes of action which for now or in the future would be asserted against any of the aforesaid by me, or any other person or party on my behalf or by any third party or parties by reason of any accidents, injuries, or action by me in transit to or returning from or while participating in this program.

Neither the University of Tennessee nor its employees or designated trip leaders make promises or warranties concerning the safety of trip participants. Travel and participation in this program may expose participants to risks such as criminal and terrorist acts, and differences in food handling and its sanitation standards. As a trip participant, I understand and recognize that I may be exposed to a number of hazards such as, but not limited to, adverse weather conditions and various pathogens. This program requires physical condition conducive to the performance of labor tasks in practical field settings, including bending, lifting as much as 50 pounds, stooping, climbing and descending up to 25 stairs, walking on uneven ground, and exposure to outdoor weather conditions. Due to the nature of, and equipment used in, the course content and practical exercises performed, all facilities owned or utilized in connection with the NFACP by The University of Tennessee, including research laboratories, LEIC classrooms, student housing, and other facilities are off-limits to all service animals.

By signing this form, I acknowledge that I have read the foregoing and agree that my personal safety is my own responsibility and I assume all risks associated with this program. I release and agree to hold harmless the University of Tennessee, its employees, and its designated leaders from all claims which may arise out of my participation in this program.

VII. Declaration

Having read the above and desiring to participate in the UTM National Forensic Academy Program, I hereby apply for admission to the Program and agree to the following payment schedule:

<u>DEPOSIT</u> (non-refundable)	\$ 500	upon receipt of application
<u>1st PAYMENT</u>	\$ 1000	30 days after application/deposit
<u>2nd PAYMENT</u>	\$ 1000	60 days after application/deposit
<u>FINAL PAYMENT</u>	\$ 2100/Balance	by <u>March 2, 2018</u>

Applications received after January 1:

<u>DEPOSIT</u> (non-refundable)	\$ 1500	upon receipt of application
<u>FINAL PAYMENT</u>	\$ 3100/Balance	earliest of: 30 days after application/deposit OR <u>May 25, 2018</u>

I understand that **the first \$500 of my Deposit (\$1500 if paid after January 1) is non-refundable** and that the remainder of other payments made may be used to pay any cancellation penalties imposed by providers of service to UTM in the event that I am unable to participate as planned. In the event that I am unable to participate in the program as planned for any reason, including but not limited to dismissal from the university for academic or other reasons, any monies paid by me in addition to the non-refundable deposit will be refunded only if another paying participant is found to take my place. Further, I have read and understand the procedures for admission, registration, and payment of fees. I also will familiarize myself with UTM regulations, and have provided information about medical problems I have which could affect my full participation in the program activities (note: a physician's statement may be required by the faculty member). I understand that I am responsible for all personal medical and accident insurance coverage. In case of emergency, I hereby authorize and give my consent to the program faculty, staff, and providers to obtain and provide medical treatment and services for me.

Applicant _____ Date ___/___/_____