

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 the NFACP.

Neither the University of Tennessee nor its employees make promises or warranties regarding the health or safety of program participants. 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. Travel and participation in this program may expose participants to risks such as criminal and terrorist acts, disease or infection, and differences in food handling and its sanitation standards. NFACP requires physical condition conducive to the performance of labor tasks in practical field settings, including bending, lifting up to 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 controlled by UT, including research laboratories, classrooms, student housing, and other facilities are off-limits to all service or companion animals.

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

VII. Declaration

Having read the above and desiring to participate in the UTM National Forensic Academy Collegiate 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> | \$ 1500 | 30 days after application/deposit |
| <u>2nd PAYMENT</u> | \$ 1500 | 60 days after application/deposit |
| <u>FINAL PAYMENT</u> | \$ 1300/Balance | 90 days after application/deposit |

Applications received after January 1:

| | | |
|---------------------------------|------------------------|--|
| <u>DEPOSIT</u> (non-refundable) | \$ 1500 | upon receipt of application |
| <u>FINAL PAYMENT</u> | \$ 3300/Balance | earliest of: 30 days after application/deposit OR <u>May 19, 2023</u> |

Upon acceptance into the program for this or any future session, if I am unable to participate or cancel my reservation for any reason, I understand that **the first \$500 of my Deposit (\$1500 if paid after January 1) is non-refundable**. Further, upon acceptance into the program for this or any future session and if I am unable to participate in the program or cancel my reservation for any reason, or if I am dismissed from the University or program 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. If not accepted into the program or if the program is cancelled by the University, all deposits and payments will be refunded.

Further, I have read and understand the procedures for admission, registration, and payment of fees, and authorize university personnel to register me in the appropriate academic course as specified in Section IV. I also will familiarize myself with all UTM regulations and have provided information about medical problems I have which could affect my full participation in the program activities (a physician's statement may be required). 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 UT faculty, staff, and providers to obtain and provide medical treatment and services for me.

Applicant _____ Date ___/___/_____