

******THE CSI EXPERIENCE WAIVER******

Please initial each statement below.

_____ As a participant of THE CSI EXPERIENCE, I may be subjected to disturbing/unsettling images of a graphic nature. Some photographic images may have been altered to protect the identity of the involved parties.

_____ I will not take any photographs and/or videos within the Crime Lab except in areas designated by the instructors/staff of THE CSI EXPERIENCE.

_____ I will abide by all rules and requirements requested during the course of the class to include the use of proper personal protective equipment (PPE).

_____ I have disclosed if I, or if anyone I know, works for any law enforcement agency, attorney, media, or similar profession. Please explain if necessary:

_____ I will not use any information acquired during the course of THE CSI EXPERIENCE maliciously against the Crime Lab, Phoenix Police Department or any other affiliated entity or individual.

_____ The information attained from THE CSI EXPERIENCE is for demonstrative and informative purposes only.

SIGNATURE

DATE

With my signature I acknowledge that I have read and understood each statement in its entirety.

DATE OF EVENT APPLYING FOR: _____

****APPLICATION PROCESSING TIME: Please submit your request at a minimum of three (3) weeks prior to the desired class attendance date as there are many processes for the application approval. Thank you for your patience.**