New Mexico Department of Public Safety Training Center
4491 Cerrillos Road, Santa Fe, New Mexico 87507
(505)827-9251—(800)521-9911 (NM Only) —Fax: (505)-827-3449— www.dps.nm.org/training/

WAIVER OF LIABILITY

Applicant Name (Please Print) _____
Home Address _____
Home Telephone No. _____
Next of Kin _____Relationship_____

I, the undersigned, hereby waive any claim for any injury against the New Mexico Department of Public Safety Training Center, any member of the staff, any of its employees or any trainee, which I may either directly or indirectly sustain as a result of my participation in any part or phase of the training and instruction I will receive at the Training center or other locations selected for the giving of training or supervision. This agreement shall be binding upon the undersigned, his heirs, and assignees.

Signature of Applicant_____

State of New Mexico }
County of _____}SS

On this _____day of _____, _____, before me personally
Appeared _____known to me to be the person
Applicant
whose name is subscribed to the above instrument and acknowledged the same to be his/her own free act and deed.
Notary Public _____ My commission expires:_____

(SEAL)

LEA-8

Revised 07/2006