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| Work  Cell | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Training Location (Check One)**:  BCSO  Off-Site Location  Online | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Requested Course(s)** | | | | | | | | | | | **Date/Date Range** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Time (Beg/End)** | | | | | | | | | | | | | | | | | |
| **1.** | |  | | | | | | | | | |  | | /     /      **to**      /     / | | | | | | | | | | | | | | | | | | | | | | |  | | | | / | | | | | | | | | | | | | | | | |  | | |
| **\*Complete below information for agency-hosted and off-site courses. Provide attachments, if available. \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Course Cost: | | | | | |  | | | | | | | | | | | | | | |  | | Will Require:  Cost | | | | | | | | | | | | | | Hotel  Per Diem | | | | | | | | | | | | | | | | | | | | | |
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| Host/Agency Name: | | | | | |  | | | | | | | | | | | | | |  | | Phone: | | | | | | | |  | | | | | | | | | | | |  |  | |  |  | |
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**Instructions**: This form is to be completed when requesting to attend training. The supervisor must approve or deny the requested training, sign and date the form. The approved/denied form shall then be submitted to the Training Division for records retention purposes only.

**Note**: Any training requiring hotel and/or per diem expenses **shall** require final approval of the Chief Deputy.

### WAIVER OF LIABILITY AND CERTIFICATION OF INSURANCE PROTECTION

### FOR BCSO TRAINING

I, the undersigned, hereby release, absolve and/or forever hold harmless the Brazoria County Sheriff’s Office, its Training Division and their agents, officials and personnel from any and all liability for death, injury, or accident occurring or inflicted while attending or participating in any training exercise or instruction conducted by said training division at the Brazoria County Sheriff’s Office.

I, the undersigned, further certifies I am covered by insurance or other protection for any death, injury, or accident occurring or inflicted upon myself while attending or participating in any training exercise or instruction conducted by/at the Brazoria County Sheriff’s Office.

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**Applicant’s Signature** **Printed Name Date**

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**Supervisor’s Signature**   **Printed Name Date**

**Check One:**

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| Approved  Denied |  | **Denial Reason** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**Chief Deputy’s Signature (if required)**  **Date**

**Check One:**

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| Approved  Denied |  | **Denial Reason** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |