

# STAPLETON & ASSOCIATES, LLC

3941 PARK DRIVE, SUITE 20-262  
EL DORADO HILLS, CA 95762-4549  
PHONE (916) 939-2211 FAX (916) 939-2211

## Registration Form

Course Title: Advanced Latent Print Development Techniques Course

Hosting Agency & Location: Kern County Sheriff's Department, Bakersfield, CA

Certified: California POST Plan IV

Dates: October 7, 8, & 9, 2008 Times: 8:00am to 5:00pm

Course Fee: \$495.00

Note: Registration limited to individuals who are currently employed by law enforcement or correctional agencies. Course fees must be paid by September 9<sup>th</sup>, 2008 to reserve your seat. You may pay by VISA or MasterCard subject to a \$15.00 credit card processing fee.

Please Type or Legibly Print

Student's Full Name: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Agency Street Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Agency Phone & Ext: \_\_\_\_\_ Agency FAX: \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Payment Options:

Registration Fee of \$495.00 enclosed. (Checks made payable to: Stapleton & Associates, LLC)

Mail to: **Stapleton & Associates, LLC**  
**3941 Park Drive, Suite 20-262**  
**El Dorado Hills, CA. 95762-4549**

Purchase Order #: \_\_\_\_\_

(Note: Purchase Orders likewise must be paid in full 30 days in advance of training.)

Billing Name & Address: \_\_\_\_\_

\_\_\_\_\_

Printed Name of Authorized Official: \_\_\_\_\_

Authorized Official Signature & Date: \_\_\_\_\_

\* Class size is limited. The class will be filled based on the receipt of completed registration forms with pre-payment of course fees. Substitutions may be made for registered students unable to attend. Cancellations must be received at least 30 days before the start of training to receive a full refund. No refunds for cancellations made within 30 days of the start of class. Stapleton & Associates, LLC reserves the right to cancel the course at any time and refund all fees paid.

# Agreement to Participate and Waiver/Assumption of Risk

## Course: Latent Print Development Techniques

**Student Name:** \_\_\_\_\_

(Please print)

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion is a prerequisite to participation in all course activities.

I am aware that participation in this class or activity may involve certain risks of physical injury. I understand that the risks of participating in this course may include injury to my body and my general health and wellbeing. I am aware that the course activities will involve the use of latent fingerprint powders, forensic light sources (ALS), and chemicals. Exposure to any of these materials could cause serious physical harm to myself and, if female and pregnant, to my developing fetus. \_\_\_\_\_ (*initials*)

I agree to accept all the rules and requirements of the course or activity, observe the program schedules, and to follow the instructions given by the instructors. I also grant to the instructors the right to terminate my participation in this training course if it is determined that my conduct is detrimental to the best interests of the group. My premature departure from the course will be at my personal expense. \_\_\_\_\_ (*initials*)

In consideration of permitting me to participate in the Latent Print Development Techniques Course and engage in all related activities, including class, field trips and travel, I hereby voluntarily assume all risks associated with participation and agree to indemnify, defend and save harmless the Kern County Sheriff's Department, the County of Kern, the instructors, Stapleton & Associates, LLC and their employees, from any and all liability, claims, causes or action, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to this training course.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I consent to the Sponsor, the Kern County Sheriff's Department, or the instructors to obtain emergency health assistance if it is determined necessary and consent to the Sponsor notifying the emergency contact of record. The following person should be contacted in case of an emergency: (*please print*)

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No. Cell Phone No.

Allergic to Medications, YES / NO; if so, please name them below:

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I, the undersigned, have carefully read this document. I understand that it is a release of all claims. I further understand that I am assuming all risks inherent in this class/activity. I voluntarily sign my name as evidence of my acceptance of the above provisions and waiver of liability and indemnity agreement. I further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

The Latent Print Development Chemicals intended to be used in this course are the following:

Iodine  
Ninhydrin  
Silver Nitrate  
Small Particle Reagent (SPR)  
Cyanoacrylate Ester (Superglue)  
Rhodmaine 6G Fluorescent Dye  
DFO (1,8-Diazafluoren-9-one) Fluorescent Dye  
Basic Yellow 40 Fluorescent Dye  
Sticky Side Powder  
Leuco Crystal Violet  
3M™ Novec™ Engineered Fluid HFE-7100  
Physical Developer  
Black Fingerprint Ink

MSDS information concerning these chemicals may be located on the following website: <http://redwop.com/msds/>