



Entry Deadline for all camps: April 15, 2026
(Applications MUST be Postmarked by this date.)

Session I:

June 14-18

Session II:

July 5-9

Please number 1st and 2nd camp session choice.

Camper's Name _____

APPLICATION CHECK LIST

Your application packet should include the following items:

Check:

- Camper Online Application (includes camper information, parent/guardian information, education information, camper's personal statement, medical information, and optional scholarship application with camper's financial need statement)**
- Mail or email the following items to
cjprograms@shsu.edu OR**

College of Criminal Justice
ATTN: Criminal Justice Summer
Camp Sam Houston State University
P.O. Box 2296
Huntsville, TX 77341

- High School Transcript**
- Copy of Insurance Card(s)**
- Medical Release Form (signed)**
- Release of Liability, Indemnification and Assumption of the Risk Agreement Form (signed)**
- Mature Content & Behavior Release Form (signed with notarization)**
- Photograph Release and Indemnity Form (signed)**
- STAFS Confidentiality and liability waiver (signed by parents)**
- Two letters of recommendation**
- Letter of recommendation detailing financial need if completing optional scholarship applicable**

Sam Houston State University
Criminal Justice Summer Camp 2026

You MUST submit a copy of your current insurance card with your application.
MEDICAL RELEASE FORM

Camper's Name _____

CONSENT FOR THE TREATMENT OF A MINOR

The following release must be signed by the parents or guardians before the student can attend the SHSU Criminal Justice Camp.
We, the undersigned, as the parent or legal guardian of _____ (a minor), hereby authorize such diagnostic, medical and/or surgical treatment of a minor as may be considered necessary or appropriate under the circumstance for the treatment of any illness or injury of the minor. We hereby release and otherwise hold harmless the attending physician, appropriate staff, and Sam Houston State University and its officers, regents and employees from legal liability or any consequences from said diagnostic, medical, and/or surgical treatment, and thereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provides that these services are performed with ordinary care and the best of their ability.

Parent/legal guardian signatures _____

Print name _____ Date _____

**IF MEDICATION IS REQUIRED, IT MUST COME IN THE ORIGINAL CONTAINER WITH
USAGE/DOSAGE/INSTRUCTIONS CLEARLY PRINTED ON LABEL. A DOCTOR'S NOTE AND
PARENTS NOTE MUST ALSO BE SENT.**

I, the undersigned, as the parent or legal guardian of the minor child, hereby acknowledge that the forenamed minor is covered by medical and prescription drug coverage as follows:

MEDICAL INSURANCE

Name of Insured _____

Insurance Company _____

Phone _____

Employer/Group name _____

Group number _____

ID # _____

PRESCRIPTION INSURANCE

Name of Insured _____

Insurance Company _____

Phone _____

Employer/Group name _____

Group number _____

ID # _____

It is further understood that Sam Houston State University does not provide medical insurance covering injuries of any nature incurred at the 2026 Criminal Justice Camp. The undersigned hereby releases Sam Houston State University, its successors, assignees, officers, agents, and employees from any and all claims, demands and causes whatsoever in any way growing out of or resulting from participation of the Released Parties in the 2026 Criminal Justice Camp, except for claims caused by the gross negligence of the Released Parties. We understand and agree that the Released Parties shall not be liable for any accidents, medical charges, emergency room charges, or medications or pharmaceutical charges incurred during the 2026 Criminal Justice Camp. WE HEREBY INTEND THAT THE RELEASED PARTIES SHALL NOT BE LIABLE FOR THEIR OWN NEGLIGENCE BUT ONLY FOR ACTS OF GROSS NEGLIGENCE.

Parent/legal guardian Signature _____ Date _____

Please include a copy of your insurance card with this form and be certain that the medical release is submitted with the application. Failure to supply this information will result in being declined for the camp.

Sam Houston State University
Criminal Justice Summer Camp 2026
RELEASE OF LIABILITY, INDEMNIFICATION AND
ASSUMPTION OF THE RISK AGREEMENT (Form for Minors)

Name of Minor (Print): _____

Name of Parent/Guardian (Print): _____

Relationship to Minor (Print): _____

Organization: College of Criminal Justice Summer Camp, SHSU

Activity: Gain hands-on experience by learning from law enforcement, professors, other

(Please describe specifically the Activity) students, morgue, touring facilities, and participation in a mock crime scene.

Activity Dates: _____

This is a Release of Liability, Indemnification and Assumption of Risk Agreement. Read it carefully and sign below. Completion of this form is required before the above-named Minor participates in the Activity. This document cannot be altered or modified by any verbal or written statements.

 Releasees: The “Releasees” in this agreement are the Board of Regents, The Texas State University System, (Initial) Sam Houston State University, and all regents, directors, employees, agents, and officers and volunteers of such entities.

 Assumption of Risks: To the best of my knowledge, the above-named Minor is in good health and has no (Initial) physical limitations that would preclude or impede the above-named Minor’s participation in the Activity listed above (hereafter Activity). I am aware of the risks, perils and hazards connected with the Activity. I acknowledge that loss of property, personal or bodily injury, or death might result from the Activity and/or the acts of others. I voluntarily elect to allow the above-named Minor to participate and engage in the Activity knowing that the Activity may be hazardous to my property, the above-named Minor’s property and the above-named Minor. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I or the above-named Minor may sustain as a result of being engaged in the Activity, whether or not based on the negligence or other wrongful conduct of any of the Releasees.

 INDEMNIFICATION: I ALSO AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND), AND (Initial) HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LOSS, LIABILITY, DAMAGE, OR COSTS OF ANY NATURE WHATSOEVER, WHETHER NOW EXISTING OR HEREAFTER ARISING, INCLUDING WITHOUT LIMITATION COURT COSTS AND ATTORNEY’S FEES, THAT THE RELEASEES MAY INCUR DUE TO THE ABOVE-NAMED MINOR’S PARTICIPATION IN THE ACTIVITY WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. FOR EXAMPLE, I SPECIFICALLY AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND) AND HOLD HARMLESS THE RELEASEES FROM ANY LOSSES THE RELEASEES MAY INCUR AS A RESULT OF THE ABOVE-NAMED MINOR’S INJURIES OR DEATH, AND/OR THE ABOVE-NAMED MINOR INJURING ANOTHER PERSON OR DAMAGING ANOTHER PERSON’S PROPERTY WHILE PARTICIPATING IN THE ACTIVITY.

RELEASE OF LIABILITY, INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT Continued

**THE INDEMNITY OWED BY ME AS SET FORTH HEREIN IS
SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR
ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE
RELEASEES' OWN NEGLIGENCE.**

 Release: In consideration for facilitating the above-named Minor's participation in the Activity I,
(Initial) individually and as the parent/guardian of the above-named Minor, release, discharge, and agree not to sue any of the Releasees for any claims, demands, actions, and causes of action of any nature whatsoever including without any limitation any claims of negligence, arising out of any loss or damage to my or the above-named Minor's property and/or any personal injury or death, that the above-named Minor may sustain whether or not caused by the negligence of any of the Releasees, while participating in the Activity, whether supervised or unsupervised, or while in transportation to or from the Activity.

**THE RELEASE, DISCHARGE, AND COVENANT NOT TO SUE SET FORTH HEREIN IS
SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE
BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.**

 Intent: I intend that this Release of Liability, Indemnification and Assumption of the Risk Agreement bind not only me, but also the members of my family and my spouse, and my heirs, assigns, and personal representatives. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Release of Liability, Indemnification and Assumption of the Risk Agreement should be construed in accordance with the laws of the State of Texas.

 Free Act: I acknowledge that I have read and understand this Release of Liability, Indemnification and Assumption of Risk Agreement and understand that it is legally binding. I understand it and sign it voluntarily as my own free act.

I certify that I am the parent and/or legal guardian of _____ (name of Minor), of lawful age (18 years or older) and legally competent to sign this Agreement.

Parent/legal guardian Signatures _____ Date _____

Sam Houston State University
Criminal Justice Summer Camp 2026
MATURE CONTENT & BEHAVIOR RELEASE

Information for Parents and Campers

(Please get this form notarized and signed and return to camp administration)

The Criminal Justice Camp will be attempting to introduce interested youth in a variety of fields involved in the Criminal Justice System. Campers will be attending lectures on a variety of subjects at the University as well as traveling to secure facilities for supervised tours. These tours may include the Montgomery County Morgue, The Southeast Texas Forensic Center, a county jail tour, and a local municipal court. A certain level of maturity and decorum is required in these venues since campers will be interacting with professional instructors, police, doctors, lawyers, judges, and possibly clients of the system. Please ensure that your son or daughter realizes the importance of these interactions in terms of behavior and dress.

We would like to take this opportunity to advise you that we are attempting to maintain content that is suitable for campers of this age group while still exposing them to the multifaceted field of Criminal Justice. Facility tours may expose them to material to which they have not yet been exposed. An example would be our tour of the Medical Examiner's Office which may involve a walk through the morgue section and analysis theater. We will attempt to prepare campers for these events and will make modifications for those campers who wish to be removed for brief periods during such situations. We appreciate you verifying that you still wish your camper to be involved in such venues for their learning opportunities.

Camper Signature

Camper's Printed Name

Camper's Signature

Date

Parent or Guardian Signatures

Parent or Guardian Printed Name

Signature

Date

Parent or Guardian Printed Name

Signature

Date

Notary Signature

Notary's Printed Name

Notary's Signature

Date

**Sam Houston State University
Criminal Justice Summer Camp 2026
PHOTOGRAPH RELEASE AND INDEMNITY**

Releasees: The Texas State University System Board of Regents, Sam Houston State University (hereafter referred to as "Institution"), their administrators, employees, representatives and agents (collectively referred to as "Releasees").

Consent: For good and valuable consideration, I hereby grant to Releasees full and complete rights to the use of my image (still photograph or video), with or without the use of my name, in print and electronic publications or productions promoting Institution, Texas State University System, its colleges and/or programs. This release is given without charge to or any remuneration from Institution.

I authorize Institution to (a) record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium; and (b) Use my name in connection with these recordings. I hereby irrevocably assign, transfer, release and convey to Institution, in perpetuity, throughout the universe, a nonexclusive and royalty-free license to use the recordings above, as well as all intellectual property rights embodied in or pertaining to any of the foregoing and the complete right to exploit or otherwise use those recordings, in any form of medium, expression or technology now known or hereafter known or developed.

I waive the right to inspect or approve any reproduction of my physical likeness or voice or my voice recording, and I release and discharge Releasees from all claims in connection with the use of my physical likeness, voice, and name.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Institution publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I understand that all recordings, in whatever medium, shall remain the property of Institution.

Release: I hereby release and hold Releasees free and harmless from any claims of copyright, libel, slander, invasion or violation of privacy or other similar rights that I may hold or assert. I release Releasees and those acting pursuant to its authority from any and all liability for any violation of any personal, intellectual or proprietary right I may have in connection with such use by Institution. I intend this Release also to bind the members of my family, my heirs, assigns and personal representatives. This Release includes all claims, whether or not caused by Institution's negligence.

Indemnity: I also agree to indemnify and hold Sam Houston State University from any loss, damage, liability, or costs that they may incur from the university's use of my image, name, or voice.

I understand that all such recordings, in whatever medium, shall remain the property of Texas State. I have read and fully understand the terms of this release.

Camper

Camper's Printed Name

Camper's Signature

Date

Parent/ Legal Guardian Signature

Parent/Legal Guardian Printed Name

Signature

Date

PROTECTED RESEARCH AND EDUCATION INFORMATION CONFIDENTIALITY STATEMENT

As a volunteer, student, researcher, staff or faculty member, or an outside affiliate at the Southeast Texas Applied Forensic Science Facility (STAFS) at Sam Houston State University, you may use, have access to, and/or maintain research and/or education information related to body donations and associated research and/or education projects. This information from any source and in any form, including, but not limited to, digital images, radiographs, photographs, paper records, oral

communication, audio recording, and electronic display, is considered confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request.

It is the policy of the Southeast Texas Applied Forensic Science Facility (STAFS) at Sam Houston State University that users (i.e. researchers, students, volunteers, and other outside affiliates) shall respect and preserve the privacy, confidentiality, and security of confidential information.

Violations of this statement include, but not limited to:

- Accessing confidential information that is not within the scope of your duties;
- Use of personal electronic devices while on STAFS premises is strictly prohibited;
- Misusing, disclosing without proper authorization, or altering confidential information;
- Disclosing to another person your sign-in code and/or password for accessing electronic confidential information or for physical access to restricted areas;
- Using another person's sign-in code and/or password for accessing electronic confidential information or for physical access to restricted areas;
- Intentional or negligent mishandling or destruction of confidential information;
- Disclosing to another person confidential information through any means of communication- oral, written, and/or social media sites (i.e. Facebook, Twitter, etc...);
- Leaving a secured donor application and documents unattended and/or leaving a secured donor application and documents unattended while signed on; or
- Attempting to access a secured application or restricted area without proper authorization or for purposes other than official STAFS business.

Violation of this Confidentiality Statement may result in disciplinary action, up to and including termination of access to STAFS. Unauthorized use or release of confidential information may also subject the individual to personal, civil, and/or criminal liability and legal penalties.

By signing below, I acknowledge that I have read and understand and agree to the information set forth in this Protected Research and Education Information Confidentiality Agreement.

Print Name

Signature

Date

PARTICIPANT RELEASE OF LIABILITY, INDEMNIFICATION, AND ASSUMPTION OF RISK AGREEMENT

Participant Name (Print): _____

Organization: _____
Sam Houston State University, an agency and institution
of higher education authorized under the laws of the State
of Texas, and member institution of the Texas State
University System

Activity: _____
College of Criminal Justice Summer Camp, SHSU
and as described further below _____

Activity Dates: _____

This is a Release of Liability, Indemnification, and Assumption of Risk agreement. Read it carefully and sign below. Completion of this form is required before you participate in the Activity. This document cannot be altered or modified by any verbal or written statement

DISCLOSURE:

The Southeast Texas Applied Forensic Science Facility (STAFS) is a research facility that handles human corpses that have been donated from the general public. These donated bodies, while living, may or may not have had lethal pathogens. Lethal pathogens include both air-borne and blood-borne bacteria and/or viruses. The types of pathogens may include (but not exclusive) HIV, hepatitis A, B, or C, tuberculosis, and antibiotic-resistant infections such as MRSA. It is possible that lethal pathogens may still be viable and transmissible on the donated human remains. All medical information regarding lethal pathogens, associated with the remains you will work with directly will be disclosed to you.

Research or educational activities at the STAFS Facility, or utilizing materials from the STAFS facility, involve contact with human remains, and/or viewing of potentially graphic material. This activity may expose you to serious health risks. Safety apparel is supplied to protect you from bacterial or viral transmission and provide the least amount of exposure. This apparel must be worn at all times when working with human remains that still contain body fluid and/or soft tissue. Any and all injuries which occur at the STAFS will be dealt with promptly and aggressively to prevent possible transmission of infectious diseases.

PARTICIPANT'S REPRESENTATIONS:

I understand and agree that it is my responsibility to assess the hazards presented by being physically present on STAFS premises, or my interaction with any materials from the STAFS facility or involving STAFS donors, regardless of purpose, and further agree that I am the ultimate judge as to whether I can participate in the program without risk of harm to myself.

I understand I do not have health insurance coverage provided to me by the STAFS or Sam Houston State University.

____ My participation in being physically present on STAFS premises, or my interaction with any materials from the STAFS Facility, regardless of purpose, is entirely optional and my own free choice.

____ I understand and agree that potentially graphic material could be viewed at any time while physically present at the STAFS facility, or while interacting with any materials/data from the STAFS facility or STAFS donors, and that it is my responsibility to assess the hazards that viewing this potentially graphic material could present.

NON SHSU EMPLOYEES MUST ALSO ACKNOWLEDGE:

____ I understand that I am not an employee of STAFS or Sam Houston State University, and according to Sam Houston State University's *Finance & Operations Human Resources Policy B-2 Workers' Compensation Insurance and Return to Work Program*, any individual not considered a Sam Houston State University/state full time, part time, temporary, and/or student employee is not eligible for workers' compensation in the event of an on-the-job injury, illness, or disease.

RELEASEEES:

____ The "Releasees" in this The Southeast Texas Applied Forensic Science Facility, The College of Criminal Justice, The Department of Biological Sciences, Sam Houston State University, and The Texas State University System, and all regents, directors, employees, agents, officers, and volunteers of such entities.

ASSUMPTION OF RISKS:

____ To the best of my knowledge, I am in good health and have no physical, mental, or emotional limitations that would preclude or impede my participation in the Activity listed above (hereafter Activity) in a safe manner. I have read the Disclosure above and I am aware of the risks, perils and hazards connected with the Activity. I acknowledge that loss of property, personal or bodily injury, or death might result from the Activity and/or the acts of others. I elect to participate voluntarily and engage in the Activity knowing that the Activity may be hazardous to my property and me. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I may sustain as a result of being engaged in the Activity, whether or not based on the negligence or other wrongful conduct of the Releasees.

INDEMNIFICATION:

____ I AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND), AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LOSS, LIABILITY, DAMAGE, OR COSTS OF ANY NATURE WHATSOEVER, WHETHER NOW EXISTING OR HEREAFTER ARISING, INCLUDING WITHOUT LIMITATION, COURT COSTS AND ATTORNEY'S FEES, THAT THE RELEASEES MAY INCUR DUE TO MY PARTICIPATION IN THE ACTIVITY, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. FOR EXAMPLE, I SPECIFICALLY AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND), AND HOLD HARMLESS THE RELEASEES FROM ANY LOSSES THE RELEASEES MAY INCUR AS A RESULT OF MY LOSS OF PROPERTY, MY PERSONAL OR BODILY INJURY OR DEATH, MY INJURING ANOTHER PERSON AND/OR MY DAMAGING ANOTHER PERSON'S PROPERTY WHILE PARTICIPATING IN THE ACTIVITY. THE INDEMNITY OWED BY ME AS SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.

RELEASE:

____ In consideration for facilitating my participation in the Activity described above, I release, discharge, and agree not to sue the Releasees for any claims, demands, actions, and causes of action of any nature whatsoever, including without limitation any claims of negligence, arising out of any loss or damage to my property and/or any personal injury or death, that I may sustain, whether or not caused by the negligence

of any of the Releasees, while participating in the Activity, whether supervised or unsupervised, or while in transportation to or from the Activity.

THE RELEASE, DISCHARGE, AND COVENANT NOT TO SUE SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.

INTENT:

I intend that this Activity Release of Liability, Indemnification, and Assumption of Risk Agreement bind not only me, but also the members of my family and my spouse, and my heirs, assigns, and personal representatives. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Release of Liability, Indemnification and Assumption of Risk Agreement should be construed in accordance with the laws of the State of Texas.

FREE ACT:

I acknowledge that I have read and understand this Release of Liability, Indemnification, and Assumption of Risk Agreement and understand that it is legally binding. I understand it and sign it voluntarily as my own free act.

I certify that I am of lawful age (18 years or older) and legally competent to sign this Agreement.

Print Name: _____

Signature: _____

Address: _____

Date: _____