



Equal Opportunity Employer

Davidson Campus: P.O. Box 1287, Lexington, NC 27293-1287 Telephone: 336-249-8186 FAX: 336-249-0088

Davie Campus: 1205 Salisbury Road, Mocksville, NC 27028 Telephone: 336-751-2885 FAX: 336-751-6192

## REQUEST FOR SPONSORSHIP FOR BASIC LAW ENFORCEMENT TRAINING

\_\_\_\_\_ agrees to sponsor \_\_\_\_\_  
(Sponsoring Agency Name) (Sponsored Student)

in the Basic Law Enforcement Training (BLET) program. This sponsorship does not constitute any agreement to hire the sponsored student upon completion of the BLET program or to provide financial assistance for enrollment.

### ACKNOWLEDGEMENT

I, the undersigned sponsored student, understand that the Sponsoring Agency has undertaken no obligation to provide financial support or assistance for such training.

I, the undersigned sponsored student, further understand that the Sponsoring Agency has made no commitment to employment upon completion of the BLET program or at any time in the future.

I, the undersigned sponsored student, accept responsibility for the nature and inherent risk incident to basic law enforcement training and do hereby release and discharge the Sponsoring Agency, its agents, and employees, from any and all claims, damages, or causes of actions resulting from or arising out of participation in the BLET program. I further understand that sponsorship must be retained throughout the BLET program in order to remain enrolled.

\_\_\_\_\_  
(Printed Name of Sponsoring Agency Representative)

\_\_\_\_\_  
(Printed Name of Sponsored Student)

\_\_\_\_\_  
(Signature of Sponsoring Agency Representative)

\_\_\_\_\_  
(Signature of Sponsored Student)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Sworn and subscribed to before me \_\_\_\_\_,  
(Notary Public)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \* My commission expires: \_\_\_\_\_.

\*Please note BLET students must enroll in BLET within a 6 month period of Sponsorship date. Agency may revoke sponsorship at any time.