



Office of Field Operations
U.S. Customs and Border Protection
Recruitment Law Enforcement Explorer Program
 POST # 306



Statement of Awareness

To: Law Enforcement Explorer Program Participant and Parent or Guardian

From: Explorer Post # 306, Lead Explorer Advisor

1. The following information is provided for your review and acknowledgement, to ensure the safety and cooperation necessary for successful participation in the Law Enforcement Explorer Program.
2. Some of the Activities planned in this program are inherently dangerous. Being a participant requires strict adherence to safety procedures to minimize certain risks; therefore, by signing below, you are stating that you have been informed of these considerations and understand the requirements.
3. If participants have special needs, limitations, or concerns, they need to inform the Explorer Advisor before engaging in any of the planned activities. When participants are involved in an activity, there are often many interesting things to observe, but the participants should not lose awareness of their surroundings and always follow carefully any safety instructions given during the activity.
4. Participants shall obey all orders, rules, and procedures associated with the Explorer activities. Participants engaging in misconduct or violating orders, rules, or procedures shall be immediately dismissed from the activity and/or from the Explorer Post, if necessary.
5. Participants are responsible for the reasonable care of equipment issued for an activity. Any participant wrongfully damaging or destroying government property or equipment shall be liable for the repair or replacement of the damaged or destroyed property.

Acknowledgement

By signing below, we acknowledge that we have read and discussed the forgoing and fully understand the warnings and requirements set forth. We have noted the participant's and our concerns below.

 Participant print name, sign, and date

 Parent or Guardian print name, sign, and date

Address: _____

Emergency Contact Number: _____

Special Needs or Concerns: _____