



FBI PORTLAND CITIZENS ACADEMY ALUMNI 2023 WASHINGTON DC TRIP REGISTRATION FORM

APPLICANT INFORMATION

FIRST NAME MIDDLE NAME LAST NAME

HOME PHONE CELL PHONE EMAIL ADDRESS

ADDRESS

CITY STATE ZIP CODE

OCCUPATION PLACE OF EMPLOYMENT

DATE OF BIRTH SOCIAL SECURITY NUMBER

COUNTRY OF BIRTH CITIZENSHIP

If applicable, guest of FBICAAA Member: _____

** The submission of the application indicates that I understand that at any time there can be changes to the itinerary or cancellation of the trip.



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DETAILS/ DISCLAIMERS

AIRLINE/HOTEL INFO:

 I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR MAKING MY OWN AIRLINE RESERVATIONS, AND THAT I SHOULD WAIT UNTIL THE TRIP IS CONFIRMED BEFORE MAKING THE RESERVATION(S)

 I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR MAKING MY OWN HOTEL RESERVATIONS.

 I UNDERSTAND THAT ANY CHANGES TO OR CANCELLATION OF HOTEL OR FLIGHT RESERVATIONS IS MY RESPONSIBILITY PER THE POLICIES OF THOSE PROVIDERS. NEITHER THE FBI NOR THE FBI PORTLAND FBICAAA IS RESPONSIBLE.

I, THE UNDERSIGNED, AGREE TO INDEMNIFY AND HOLD HARMLESS THE UNITED STATES GOVERNMENT, THE FEDERAL BUREAU OF INVESTIGATION, FBI EMPLOYEES, AND THE FBI PORTLAND CITIZENS ACADEMY ALUMNI ASSOCIATION FROM ANY CLAIM, ACTION, LIABILITY, LOSS, DAMAGE OR SUIT ARISING FROM MY PARTICIPATION IN THIS EVENT OR THE TRAVEL ASSOCIATED WITH THIS EVENT. SHOULD THE UNDERSIGNED FAIL TO INDEMNIFY AND HOLD HARMLESS, THE UNDERSIGNED FURTHER AGREES TO PAY ALL REASONABLE ATTORNEY'S FEES AND COSTS NECESSARY TO ENFORCE THIS AGREEMENT OR TO DEFEND ANY ACTION BROUGHT IN DEFAULT OF THIS AGREEMENT. THE AGREEMENT SHALL BE UNLIMITED AS TO THE AMOUNT OR DURATION. THE AGREEMENT SHALL BE BINDING UPON AND INURE TO THE BENEFIT OF THE PARTIES, THEIR SUCCESSORS, ASSIGNS AND PERSONAL REPRESENTATIVES.

SIGNATURE _____ **DATE** _____