



2024 George P. Kazen Supplemental Application

Congratulations on your selection as a 2024 Kazen Fellow! You will learn extraordinary faculty, speakers, and your other Fellows during the 4-week program. In order to prepare for your participation, we need to collect some additional information. This supplement is due at the program orientation.

First Name: _____ **Last Name:** _____
Email: _____ **Cell Phone:** _____

Required Documents:

- Submit copy of identification (I.D. Card or Driver's License) here or email to kazen_fellowship_program@txs.uscourts.gov
- Submit copy of proof of eligibility to work in the country (copy of U.S. passport, social security card, birth certificate, green card, or employment authorization document) here, or email to kazen_fellowship_program@txs.uscourts.gov.
- Submit completed Supplement to Application (this form)

Consent and Release for Informational and Educational Use of Still Images, Video, and Audio Recordings

Please read carefully.

- I consent to having photographs/video/audio recordings taken of me, in whole or in part, for use by the Kazen Fellowship Program, the U.S. Courts, Webb County Bar Association, and School Districts for education, information, and marketing purposes.
- I understand and consent to these images and recordings being disseminated to the public by various means including print, on the internet, and social media for the purpose of promoting the Kazen Fellowship Program.

Waiver and Release of Personal, Academic and Enrollment Information. *Please read carefully.*

- I consent to and authorize the release of all requested personal, academic and enrollment information from my school to the Kazen Fellowship Program during and after my participation in the Program to be used for the operation of the Program, pursuant to the requirements of the Family Educational Rights and Privacy Act (FERPA).
- I consent and authorize the Kazen Fellowship Program to share and release information about me with the Stars Scholarship Fund or other similar entities for scholarship opportunities.

Program Attire

Blazer Size: **Men's:** Small Medium Large X-Large 2X
 Women's: Small Medium Large X-Large 2X

T-Shirt Size: Small Medium Large X-Large 2X



Transportation Acknowledgement

The Kazen Fellowship Program operates out of the George P. Kazen United States Courthouse at 1300 Victoria St., Laredo, Texas 78040, on Mondays through Fridays from 9am to 5pm during the duration of the program.

- I need assistance with transportation.
- I will have personal transportation and do not need assistance.

Release of Liability, Waiver of Claims, Express Assumption of Risks, and Hold Harmless Agreement

- In consideration of participating in the Kazen Fellowship Program, which includes educational field trips, I hereby agree as follows: I, for myself and my estate, heirs, administrators, executors and assigns, hereby release and hold harmless the U.S. Courts and their officers, employees, representatives, agents, and volunteers (collectively, the “Releases”), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of connected with or in any manner pertaining to the Kazen Fellowship Program, whether caused by the negligence of Releasees or otherwise.
- I fully understand that there are potential risks and hazards associated with the Kazen Fellowship Program and its related travel, including, but not limited to, possible injury or loss of life. I further understand that while in the Kazen Fellowship Program, I will be visiting locations and interacting with persons that are not associated with or under the control or supervision of the Releasees. Despite the potential risks and hazards associated with participation in the Program, I wish to proceed and freely accept and assume all risks and hazards that may arise from my participation in the field trip and that could result in loss, illness, personal injury, death, or property damage, whether caused by the negligence of Releasees or otherwise.
- I agree to fully comply with all applicable laws and ordinances and the Program’s regulations, rules, and policies. I further hereby agree to indemnify and hold harmless the Releasees from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels, that Releasees may incur as a proximate result of any negligent or deliberate act or omission on my part during my participation in the Program.
- In signing this agreement, I acknowledge and represent that I have read and understand it and that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same.
- I have read this supplement (including the consent, release, and waivers included in the agreement) and understand that I am giving up substantial rights by signing it and voluntarily agree to be bound by it.

Participant Student

First Name: _____ **Last Name:** _____
Signature: _____ **Date:** _____

Parent/Guardian of Participant Student

First Name: _____ **Last Name:** _____
Relationship to Participant Student Mother Father Guardian
Signature: _____ **Date:** _____