



# Law Enforcement Academy Facility Reservation Request

New Mexico Department of Public Safety  
Law Enforcement Academy  
4491 Cerrillos Road, Santa Fe, NM 87507  
(505) 827-9251 (877) 237-7532 (NM Only) Fax: 505-827-3449  
<http://www.lea.nm.gov/>

<b>Training Course/Conference Title</b>		<input type="checkbox"/> DPS Training Division <input type="checkbox"/> Other DPS Division <input type="checkbox"/> NM State Government <input type="checkbox"/> Other Government Agency <input type="checkbox"/> Private Company	
<b>For what purpose will you be using the facility?</b>			
<b>Type of space requested</b> <i>(Some facilities may not be available to all customers.)</i>			
<input type="checkbox"/> Classroom <input type="checkbox"/> Conference Room <input type="checkbox"/> Computer Classroom <input type="checkbox"/> Auditorium <input type="checkbox"/> Gym <input type="checkbox"/> Track <input type="checkbox"/> Range			
<b>Date(s) of Course/Meeting</b>		<b>Daily Hours</b> <i>(8:00-5:00, If multiple facilities are requested, identify hours for each.)</i>	
<b>Requesting Organization or Agency</b>			
<b>Name of Person in Charge (First and Last)</b>		<b>Email and Telephone Number</b>	
<b>Anticipated Attendance</b> Note: Parking is limited and basic academy students are given priority.			
<b>Equipment, if needed:</b> <i>(Additional Fee is charged for use of listed items, see fee schedule.)</i>			
<b>Are accommodations necessary for persons with disabilities?</b>		<b>Type of accommodation needed:</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>NMLEA Staff Use Only</b>	<b>Room(s) Assigned :</b>	<b>Assigned By:</b>	<b>Date Received:</b>
			<b>Date Assigned:</b>
<b>Assigned Fees:</b>	<b>NMLEA Designee's Approval:</b>		<b>Date:</b>

*All requestors must complete the following agreement below with the exception of employees of the New Mexico Department of Public Safety requesting facilities for official business or officially sanctioned activities.*

### HOLD HARMLESS AGREEMENT

I, the undersigned, do hereby request to be allowed to use DPS Training Center facilities. I hereby waive any claim I may have and will release, indemnify and defend the Department of Public Safety for any liability for any injury that myself or the participants in my program may sustain from any use of the Training Center facilities, whether or not caused by the negligence of a Department of Public Safety employee or a condition in the Law Enforcement Academy's facilities. I will also release, indemnify and defend the Department of Public Safety from any liability or loss, theft or damage to my personal property. I agree that I am responsible for the costs of any damage caused by myself or my participants to Law Enforcement Academy's facilities and equipment.

_____	_____	_____	_____
Signature	Printed Name	Date	Telephone
			Email