



**MISSISSIPPI HIGHWAY PATROL
CANDIDATES ON RAPID ENTRY
(C.O.R.E.) PROGRAM
AT HINDS COMMUNITY COLLEGE**



GUIDELINES FOR ADMISSION TO MHP C.O.R.E. PROGRAM

Participants must:

- Have an active interest in becoming a Mississippi Highway Patrol (MHP) State Trooper.
- Be enrolled as a student at Hinds Community College (HCC).
- Be at least 18 years of age at beginning of participation in C.O.R.E. Program.
- Be enrolled in at least one Criminal Justice (CRJ) class each semester.
- Maintain an overall GPA of 2.0.
- Attain an associate’s degree.
- Complete at least two semesters of C.O.R.E. Physical Training (PT) classes.
 - o The classes will tentatively meet on Mondays and Wednesdays from 7:45-9:15 a.m. on the Raymond Campus.
 - o Completion of the classes requires being in attendance for at least 90% of class meetings.
- Complete at least two semesters of C.O.R.E. classes as a sophomore.
 - o The classes will tentatively meet on Monday and Wednesday afternoons from 12:45-2:15 p.m. on the Raymond campus.
 - o Completion of the classes requires being in attendance for at least 90% of class meetings.

Instructors retain the ability to disqualify or dismiss any candidate participating in C.O.R.E. Program.

Participants must successfully complete the MHP application and hiring process to be accepted into Trooper School.

APPLICATION FOR ADMISSION TO MHP C.O.R.E. PROGRAM

Full Name: _____

Classification: Freshman_____ Sophomore_____ Date of Birth: _____ Age: _____

HCC Email Address: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Participant’s Initials _____

WAIVER AND RELEASE

I, _____ (“Participant”), assume all risks associated with participating in any or all activities associated with my participation in the Candidates on Rapid Entry [C.O.R.E.] Program (“the Program”) sponsored by the Mississippi Highway Safety Patrol (“MHSP”) and Hinds Community College (“HCC”). I assume all risks involved, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the Program and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in the Program.

I acknowledge that this Waiver and Release will be used by the organizers of the activities in which I may participate, and that it will govern my actions and responsibilities during Program activities.

In consideration of my being permitted to participate in these activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns:

- (A) WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Mississippi Department of Public Safety (“MDPS”), MHSP, HCC and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers (collectively “Releasees”);
- (B) INDEMNIFY and HOLD HARMLESS any/all of the Releasees from any and all liabilities or claims made as a result of my participation in Program activities, whether caused by the negligence of Releasees or otherwise.

I acknowledge that MDPS, MHSP, HCC, and their directors, officers, employees, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that Program activities may involve tests of a person’s physical and mental limits and may carry with them the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during Program activities.

I understand that, while participating in Program activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

This Waiver and Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Participant’s Initials _____

