RELEASE AND WAIVER OF LIABILITY AGREEMENT
Regarding the Training of Emergency Response Team Members

I, __________________________________, hereby request permission to participate in the Community Emergency Response Team (CERT) program. I understand that this training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or personal property damage. Further, I have read and understand the program outline that describes all class sections and the associated activities.

1. The Emergency response training program is a cooperative activity in which all participants must work together to help make the program safe and successful.

2. The Emergency Response training program will take place in both indoor and outdoor settings. The program’s training is accomplished primarily in a classroom setting, although some training in the use of fire equipment may take place outdoors. The training program will involve some physical activity, such as training with fire extinguishing equipment. Under supervision, Community Emergency Response Team members will be exposed to fire and other training appropriate situations during their training.

3. The training programs will also involve classroom instruction in the areas of Fire Suppression, First Aid, Search and Rescue techniques and procedures in organizing Emergency Response Teams to aid and assist the City of Walnut Creek in times of crisis.

4. Participants have the absolute right to choose to not do any activity.

5. While participating in Emergency Response Team training, participants may face dangers from: fire equipment malfunction or misuse; being injured by other participants during an event; variable weather conditions; and irregular and natural terrain.

6. While participating in Emergency Response Team training, participants must, follow the rules established by the instructors and exercise reasonable care including but not limited to appropriate attire including flat close-toed shoes, pants, and shirts. Failure to follow the instructor’s rules and regulations or failure to exercise reasonable care, may result in the participant being administratively removed from the program.

I fully realize the dangers of participating in a program of this type and voluntarily assume all the risks associated with such participation.
Despite these potential dangers and risks, I will participate.

In consideration for the acceptance of my application for participation in the Emergency Response Team Training Program, I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, PROPERTY DAMAGE OR DEATH WHICH I MAY HAVE, OR WHICH MAY HEREAFTER ACCRUE TO ME, OR TO MY HEIRS OR ASSIGNS, AS A RESULT OF MY PARTICIPATION IN THE EMERGENCY RESPONSE TEAM TRAINING PROGRAM.

THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT IS INTENDED TO DISCHARGE AND RELEASE, IN ADVANCE, the City of Walnut Creek, the Contra Costa County Fire Protection District, cities within the district, unincorporated areas within Contra Costa County, their agents or personnel, volunteers, and instructors FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, ACTIONS, SUITS, AND/OR INJURIES ARISING OUT OF, OR CONNECTED WITH, MY PARTICIPATION IN THE EMERGENCY RESPONSE TEAM TRAINING PROGRAM.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR NEGLIGENCE AND A CONTRACT BETWEEN MYSELF AND CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT, CITIES WITHIN CONTRA COSTA COUNTY, AND UNINCORPORATED AREAS WITHIN CONTRA COSTA COUNTY, AND I SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.

Parent of legal guardian must sign for participants under 18 years old. Proof of age required.

DATE ___________________________  Signature of Participant

______________________________
Printed name of Participant

DATE ___________________________  Signature of parent or legal guardian
(If participant is under age 18)

DATE ___________________________  Printed name of parent or guardian