



REGISTRATION AND HOLD HARMLESS AGREEMENT

- I would like to register for the CERT class that begins on: _____, 2004.
(Print month and date of first class session)
- I am unable to attend the current session, please contact me about future courses.

NAME: _____

E-MAIL: _____

TITLE/OCCUPATION: _____

ADDRESS - Home or Work: _____
(Please circle one)

CITY: _____ **ZIP:** _____ **FAX:** _____

PHONE- HOME: _____ **WORK:** _____ **CELL:** _____

I, the individual named above, hereby request permission to participate in the Fresno Community Emergency Response Team (CERT) program. If I am under 18 parental approval is indicated by the signature below. I understand that training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage; and I make this request with full knowledge of these risks. Further, I have read and understand the program outline that describes all of the class sessions and associated activities (available at <http://training.fema.gov/EMIWeb/CERT/>). I agree to hold the City and County of Fresno, Fresno Citizen Corps Council and its directors, and their agents and personnel, harmless from any and all claims, actions, suits and/or injury that I may suffer which may arise as a result of my participation in the above mentioned program/class. I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the CERT program. I understand that if I fail to follow the instructor's rules/regulations or if I fail to exercise reasonable care, I can be administratively removed from the program. Additionally, I authorize the use of any photograph taken in connection with my participation in the program without compensation. By executing this release, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactorily answered. I sign this release freely and voluntarily.

Signature: _____ Date: _____

Signature of parent/guardian, if under 18: _____

Emergency Contact name/number: _____

Please return this form by mail, fax or email to:

Fresno Citizen Corps-CERT
2326 Fresno Street, Fresno CA 93721
FAX (559) 488-1010

CitizenCorps@Fresno.gov