



Community Emergency Response Team (CERT) Application

Date: _____

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: ____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Personal E-mail: _____

Occupation: _____ Employer: _____

Date of Birth (18 and over only): _____

Please list ANY emergency response training, licenses, permits, or experience you have (*CPR, First Aid, EMT, M.D., R.N., Firefighter, American Red Cross, Police Officer, Search and Rescue, Amateur Radio, Bilingual, etc.*)

By signing this application, you agree to the following:

I understand that I will be a volunteer and not an employee of the City of Port Hueneme. I will not be covered under any type of workers compensation. The City of Port Hueneme may e-mail me pertaining to CERT or Emergency Preparedness information. I authorize the City of Port Hueneme to use my image, filmed or photographed during CERT classes or training exercises. In case of serious injury I give permission for city personnel to seek any medical treatment necessary.

Signature: _____

Date: _____

Please mail completed application to:

Port Hueneme Police Department
250 North Ventura Road, Port Hueneme, CA 93041
Or e-mail to: CERT@cityofporthueneme.org

COMMUNITY EMERGENCY RESPONSE TEAM (CERT) TRAINING

Waiver and Release from Liability

Notice: THIS RELEASE FROM LIABILITY IS A CONTRACT LEGAL CONSEQUENCES. READ IT CAREFULLY BEFORE SIGNING.

I _____, hereby certify that I am in good health and able to safely participate in CERT training classes (the "Activity"). I acknowledge that my participation in this training is entirely voluntary, and that no verbal or other written statements, representations, promises or inducements have been made apart from this agreement and release.

I understand that my participation in the Activity is for my personal benefit and is not intended to nor does it create any special relationship between the City of Port Hueneme, the County of Ventura, or the Ventura County Fire Department (the "Coordinators") and me and that neither the Coordinators nor any of its employees or volunteers have required me to participate in the Activity.

I understand that my participation in the Activity may be hazardous and could involve risk of injury. I hereby acknowledge all of the potential dangers associated with this training and that I am participating at my own risk.

I hereby waive, release, and discharge for myself, my heirs, executors, administrators, legal representatives, assigns, and successors in interest (herein collectively referred to as "successors"), any and all rights, claims, actions, suits or demands, which I have or which I may hereinafter have against City of Port Hueneme, Ventura County Fire Department and the County of Ventura, their boards, commissions, districts, agencies, departments, officers, officials, employees, agents, and volunteers for any and all liability or damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the Activity or with any future use of the training received during the Activity.

I agree, for myself and successors, that the above representations are contractually binding, and are not mere recitals. This agreement may not be orally modified, and a waiver of any provision shall not be construed as a modification of any other provision herein.

I certify that I am over 18 years of age. If I am under 18 years of age, my parent or legal guardian has read and signed this Release.

I have read and understand the preceding statements.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____ Personal E-Mail: _____

**DO NOT WRITE BELOW THIS LINE
DEPARTMENT USE ONLY**

CERT Coordinator Signature: _____ Date: _____