



**COMMUNITY EMERGENCY RESPONSE TEAM (CERT)
ADULT TRAINING
PARTICIPANT RELEASE OF LIABILITY**

I _____, am fully aware of the special dangers and risks inherent to myself in the activities and participation in the CERT training, including physical injury, loss, death, damage, or other consequences that may arise or result directly from an activity in the CERT training in which I may participate that is facilitated directly by the City through its emergency management department. Being fully aware as to these inherent risks and in consideration of the privilege of being trained in operations of this community emergency program, I hereby assume all risk of liability for injury, loss, death, damage, or other consequences. I also forever discharge and waive any right of recovery from, or to bring suit against the City of Issaquah and their responsive officers, officials, employees and volunteers, holding them harmless from any and all claims for any personal injury, loss, death, damage, or other consequences to myself arising out of my complete voluntary participation in CERT training activities, except for injuries and damages caused by the sole negligence of the City of Issaquah.

PHOTO/VIDEO RELEASE: I, the undersigned participant, give my permission to have photos/video tapes taken, without recompense, during City of Issaquah CERT training activities and used for publicity purposes.

Date: _____

Signature of Participant _____

Printed Name of Person Signing Above _____

Home Address: _____

City _____ Zip Code _____

Home Phone Number: (____) _____ Cell Phone: (____) _____

Emergency Contact Name _____

Emergency Contact Phone: Day (____) _____ Eve (____) _____ Cell (____) _____

E-mail Address _____

Do you have allergies we should know about? ____YES ____NO To what? _____