

# Cupertino Community Emergency Response Team Training



**PLEASE SIGN BELOW AND BRING TO THE FIRST CLASS**

**RELEASE AND ASSUMPTION OF RISK AGREEMENT**

In consideration for the acceptance of my application for participation in or presence at CERT training activities, I HEREBY WAIVE, RELEASE AND DISCHARGE the Cupertino Parks and Recreation Department, the Cupertino Public Facilities Corporation, the Cupertino Office of Emergency Services, the City of Cupertino, the County of Santa Clara, Santa Clara County Fire District, their agents and employees FROM AND AGAINST ANY AND ALL LIABILITY FOR ANY LOSS, PERSONAL INJURY, INCLUDING DEATH, OR PROPERTY DAMAGE THAT MAY HAVE ARISEN OUT OF, OR IN ANY WAY CONNECTED WITH, MY PARTICIPATION OR PRESENCE IN THE CUPERTINO COMMUNITY EMERGENCY RESPONSE TEAM (CERT) TRAINING COURSE, EVEN THOUGH THAT LIABILITY MAY HAVE ARISEN OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED ABOVE AND HEREIN RELEASED, BUT DO NOT RELEASE THE ABOVE MENTIONED PERSONS OR ENTITIES FROM THEIR FRAUDULENT OR INTENTIONAL ACTS OR FOR THEIR NEGLIGENT VIOLATIONS OF STATUTORY LAW.

Furthermore, I assume all responsibility and agree to indemnify the City of Cupertino, Santa Clara County, and Santa Clara County Fire District for any loss, damage or injury to myself or my property which may have been caused by negligence, or any act, of any person connected in any way with the aforementioned program. I understand that the City of Cupertino, Santa Clara County, and Santa Clara County Fire District does not guarantee the construction, condition, or safety of the facilities or any equipment used during the course of the Cupertino Community Emergency Response Team training and that this Release and Assumption of Risk Agreement is to be binding on me, my heirs and assigns. I/we agree to allow use of my/our photograph for program publicity. I HAVE READ THE ABOVE, UNDERSTAND ITS MEANING AND VOLUNTARILY SIGN IT. PARENT OR LEGAL GUARDIAN MUST SIGN FOR PARTICIPANTS UNDER 18 YEARS OLD (proof of age may be required).

Emergency Contact:

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Medical Insurance Name

\_\_\_\_\_  
Signature of Parent or Guardian if  
Participant is under 18 years old

\_\_\_\_\_  
Insurance ID Number

\_\_\_\_\_  
Date