



REGISTRATION AND HOLD HARMLESS AGREEMENT – PLEASE PRINT CLEARLY

I would like to register for the Community Emergency Response Team (CERT) course

NAME: _____

WORK EMAIL: _____

HOME EMAIL: _____

(Email is the primary means of communication with CERT participants, please provide an email address, if possible)

TITLE/OCCUPATION: _____

EMPLOYER: _____

ADDRESS- HOME OR WORK: _____
(Please circle one)

CITY: _____

ZIP CODE: _____

CELL PHONE: _____

HOME PHONE: _____

WORK PHONE: _____

I, the individual named above, hereby request permission to participate in the Community Emergency Response Team (CERT) program. Participants must be 18 or older. 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 the class sessions and associated activities (a complete description is available at <http://www.citizencorps.gov/cert/>.) I agree to hold the County of Somerset, each of their officers, governing bodies, agents, employees, personnel and volunteers, harmless from any and all claims, actions or suits for any injury that I may suffer, or which may arise, as a result of my participation in the above mentioned program/class. Personal safety is the foundation of CERT training. I agree to follow the rules established by the instructors, and to exercise all reasonable care while participating in the CERT program. I understand that I can be administratively removed from the program. Additionally, I authorize the use of my image, photographed in connection with my participation in the program, without prior approval or compensation. I understand that my submission of this application, whether mailed; or sent electronically via email or faxed, shall have the same force and effect as an original. 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: _____

DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____

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

Somerset County OEM

Attn: CERT

PO BOX 3000

Somerville, NJ 08876

Fax (908) 725-5070; Solon@co.somerset.nj.us or Horowitz@co.somerset.nj.us

FOR OFFICE USE- Registration Confirmation Date:

Via: