

Return Address
 PO Box 548
 Gainesville, FL 32602



Teen CERT Session
 Preference:
 Location:
 Date:

Teen
 Community Emergency
 Response Team
 Training Program Registration Form

| <i>Personal Data</i> | | | | | |
|--|------|--------------------|---------------------|---------------------------------|------------|
| Last Name | | First Name | | | M.I. |
| Date of Birth | Race | Sex | Eye Color | Height | |
| Address | | City | | Zip | |
| Mailing Address | | | Home Telephone # | Cellular Telephone # | |
| <i>Parental Information</i> | | | | | |
| Name | | | | | |
| Address | | | Telephone# | Telephone# | |
| Name | | | | | |
| Address | | | Telephone# | Telephone# | |
| <i>Special Training</i> | | | | | |
| First Aid: (Circle one) | | Authorizing Agency | | Date of last first aid training | |
| None Basic Intermediate Advance | | | | | |
| CPR: Yes No | | Authorizing Agency | | Date of last CPR Training | |
| Other Training | | | | | |
| Languages Spoken other than English | | | | | |
| <i>Office Use Only</i> | | | | | |
| Date Application Received | | | Date ID card Issued | | CERT Class |
| CERT Team | | | CERT Sector | | |

Do you have any physical or medical conditions that might affect your participation in any exercise used in the course? Please explain:

CERT training is offered by Alachua County Department Public Safety at no charge to public.

WAIVER OF LIABILITY

Whereas I, _____
NAME OF TEEN

ADDRESS _____

HOME PHONE

CELL PHONE

Have made a voluntary request on my own initiative to participate in the TEEN Community Emergency Response Team with the, Alachua County Public Safety Department, Gainesville, Florida;

Now, therefore in consideration of the Alachua County Board of County Commissioners allowing me to participate in the TEEN Community Emergency Response Team program and in consideration of the Alachua County Board of County Commissioners and the Alachua County Public Safety Department permitting me the use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release and forever discharge the Alachua County Board of County Commissioners and the Alachua County Public Safety Department, its employees, officers, commissioned staff, representatives, instructors, Training Instructors, affiliates, and agents, acting officially or otherwise (hereinafter referred to as Alachua County) from any and all claims, actions, demands, or causes of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of Alachua County, or whether said harm or damage occurs through acts of a person not employed by Alachua County. I **ACKNOWLEDGE** that I understand that TEEN CERT training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage; and that I make the request to participate in the program with full knowledge of these risks. I **ASSUME THE RISK** of all injuries that may occur because of my participation in the TEEN Community Emergency Response Team program.

I **ACKNOWLEDGE** that my participation in the TEEN Community Emergency Response Team program and any continued educational training is strictly voluntary and does not grant employment rights, employee benefits, or a vested/liberty interest as an employee with Alachua County. I **ACKNOWLEDGE** that my participation in the TEEN Community Emergency Response Team and any continued disaster educational training may cause me to view possibly graphic and/or hazardous emergency photographs or scenes.

WAIVER OF LIABILITY

TEEN NAME (Please print) _____

I **ACKNOWLEDGE** and **AGREE** to exercise reasonable care while participating in any of the TEEN Community Emergency Response Training program. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to because of my participation with the TEEN Community Emergency Response Team. I **AGREE** to abide by all instructions given to me by the Alachua County Department of Public Safety personnel and other instructors and safety officers while participating in the TEEN Community Emergency Response Team and I **UNDERSTAND** if I fail to follow the instructor’s rules/regulation, or if I fail to exercise reasonable care, I can be administratively removed from the program.

While participating in the TEEN Community Emergency Response Team, I agree to advise the program coordinator, immediately, of any interaction I may have with any law enforcement official involving a criminal investigation against me or my arrest.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS Alachua County from and against any and all liability, loss, cost or expense (including attorneys’ fees) arising from or in any manner connected with being permitted to participate in the TEEN Community Emergency Response Team program. I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY Alachua County Board of County Commissioners FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE TEEN COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM.

SIGNATURE OF TEEN APPLICANT DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

WITNESS

THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE TEEN COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM.

LIKENESS WAIVER

Release and Waiver of Liability

I am an adult (or the parent/legal guardian of a minor child).

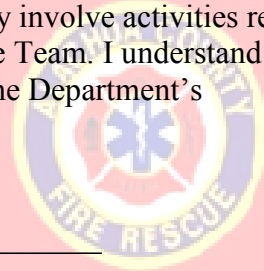
I authorize Alachua Department of Public Safety and Alachua County Board of Commissioners to use my name and display my image and likeness (or the likeness of said minor child) on the Alachua Department of Public Safety's website or media publications, brochures, broadcasts, telecasts or news paper articles. This authorization shall remain in effect until revoked by me in writing. By offering my signature below, I acknowledge acceptance of this waiver and agree to allow the use of my (or said minor child's) likeness from any photos or video taken that specifically involve activities related to the Alachua County TEEN Community Emergency Response Team. I understand that the photos or video could be used to advertise and/or promote the Department's community relations activities.

Teen Applicant Name (please print)

Parent/Legal Guardian Authorizing Signature Date

Parent/Legal Guardian Name (please print)

Witness



Emergency

Management

I understand that by completing this course I will learn certain basic skills that are intended to help me render assistance to others only when I deem it safe and necessary for me to do so. I am under no obligation, by virtue of having received this training, to render aid or become involved in any activities that would make me feel uncomfortable or have the potential to cause me physical or emotional injury.

By this signature, I affirm that I understand that when acting as a Teen CERT volunteer

I may only:

- 1. Act within the scope of my official duties, and**
- 2. Act in furtherance of a public purpose.**

I understand that deviation from the above may result in personal liability.

Verification and Consent for Reference and Background Check

I verify that the above information is accurate to the best of my knowledge.

I give Alachua County Department of Public Safety permission to inquire into my educational background, references, licenses, police records, and employment and/or volunteer history. I also give permission to the holder of any such information to release it to Alachua County Department of Public Safety.

I hold Alachua County and Alachua County Department of Public Safety harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that Alachua County Public Safety will use this information only as part of its verification of my volunteer application

Applicant Signature

Printed Name

Date

Parent/Legal Guardian Signature

Printed Name

Date

January 2010