



**CITY OF MOORPARK  
COMMUNITY EMERGENCY RESPONSE TEAM TRAINING  
INFORMED CONSENT AND RELEASE**

**CERT TRAINING TO BE HELD ON:** 1/26, 2/2, 2/9, 2/16, 2/23, 3/2, and 3/4, 2017

**LOCATION:** Moorpark Police Service Center - EOC, 610 Spring Road, Moorpark

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**INFORMED CONSENT AND RELEASE:** I, the undersigned, hereby assume full responsibility for all risk of injury or loss which may result from my participation in the Community Emergency Response Team (CERT) Training and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the City of Moorpark, its respective officers, agents and employees, past and present, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the City of Moorpark, or its respective officers, agents or employees, past and present, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the CERT Training and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity, and, understanding this, I state that to the best of my knowledge, the participant has no medical, physical, mental or emotional health condition which would hinder or prevent my active participation in the CERT Training.

**PLEASE NOTE: The City of Moorpark strongly recommends that each CERT participant have some type of accident medical insurance for his/her own protection.**

I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion is held invalid, it is agreed that the balance will continue in full legal force and effect. I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the CERT Training. I understand that if I fail to follow the instructor's rules and regulations or if I fail to exercise reasonable care, I can be administratively removed from the CERT Training.

**I have read and voluntarily sign the release waiver of liability and indemnity agreement, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.**

\_\_\_\_\_  
Signature of CERT Training Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date



## VENTURA COUNTY FIRE PROTECTION DISTRICT WAIVER AND RELEASE OF LIABILITY

### Agreement Assuming Risk of Injury, Damage or Death; Waiver and Release of Claims; and Agreement Not to Sue

The Undersigned, not being an employee or agent of the County of Ventura or the Ventura County Fire Protection District, has made a **voluntary request for permission to participate** in a Fire District Program, and/or a Fire District vehicle at a time when such vehicle is operated and staffed by members of the Fire District, and has further requested permission to accompany a member or members of said Fire District during the active performance of their official duties as fire personnel.

The Undersigned hereby agrees and understands that **the work and activities of Fire District members are inherently dangerous and involve substantial risks**, including the risk of death, personal injury and/or property damage. Such risk may be generated: By individuals breaking, or suspected of breaking, the law; by the apprehension or attempted apprehension of such individuals; by fighting fires or attempting to fight such fires; by providing or attempting to provide aid or medical attention to individuals; by vehicles operated by District members or others; by negligence, faulty driving or navigation of the vehicle; by structural failure of the District vehicle; by inclement weather conditions; or that which may occur in a limitless variety of other ways. **The Undersigned is aware that they will be exposed to such risks by participation in the Program and by accompanying firefighters or other Fire District members, and hereby releases and waives all liability and agrees not to sue.**

In consideration of the permission granted for this participation, the Undersigned for themselves, personal representatives, assignees, heirs, next of kin, executors and administrators, **hereby covenants and promises not to sue the County of Ventura, and the Ventura County Fire Protection District**, as respects any activities directly or indirectly related to the Program; **releases and forever discharges the County of Ventura, and the Ventura County Fire Protection District**, from any and all liability for all losses or damages and any claims, demands, actions or causes of actions, on account of injury, death or property damage of the Participant, or injury, death or property damages directly or indirectly caused by the Participant.

**I understand a background check may be done prior to participation. Initial: X \_\_\_\_\_**

**The Undersigned has Read this Release and Fully Understands its Contents; is Aware that This Release is a Waiver of Liability and Agreement Not to Sue;** agrees that no verbal or other written statements, representations, promises, invitations or inducements have been made apart from this agreement and release; and **Has Signed this Release Voluntarily and of Their Own Free Will.**

X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Participant)

Printed Name of Participant: \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent/Guardian)

Printed Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fire District Witness Signature/Date: X \_\_\_\_\_

<b>For District Use</b>	Program: <input type="checkbox"/> C.E.R.T. <input type="checkbox"/> FIRE CADET <input type="checkbox"/> RIDE-ALONG
	OTHER _____

**VENTURA COUNTY FIRE PROTECTION DISTRICT  
PROGRAM PARTICIPANT INFORMATION SHEET**

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**To Be Completed by Applicant Prior to Participation:**

Full Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female Drivers License #: \_\_\_\_\_

Address: \_\_\_\_\_

Participant's Business/Occupation: \_\_\_\_\_

If student, name of school and grade: \_\_\_\_\_

**IN CASE OF EMERGENCY:** (nearest relative, parent or guardian)

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Designated family doctor or medical services to provide if Participant is injured or ill:

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ No.: \_\_\_\_\_

**As the Participant, or the parent or legal guardian of a participant under 18, I hereby authorize emergency medical treatment. This care may be given under whatever conditions are necessary to preserve life, limb or well being of myself or my dependent.**

Signature: X \_\_\_\_\_

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**TO BE COMPLETED BY DISTRICT OFFICERS:**

Requested Date and Time of Participation: \_\_\_\_\_

Requested Location of Participation: \_\_\_\_\_

Battalion Chief Level Approval Prior to Participation: X \_\_\_\_\_

Investigation Unit Background Completed/Approved: X \_\_\_\_\_

**Following Participation:**

Actual Date and Time of Participation: Begin \_\_\_\_\_ End \_\_\_\_\_

Did the Participant interfere with Fire District personnel duties? Yes \_\_\_ No \_\_\_

Note any unusual activities which might be of later significance such as major crimes, comments made, problems encountered, or any behavior you thought was significant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completing Officer/Supervisor Signature & Date: X \_\_\_\_\_