



City of Moorpark Community Emergency Response Team (CERT) Program Training Application



Last Name	First Name	Middle Name	
Home Address	City, State		Zip Code
Home Phone	Work Phone	Cell Phone	
Email address		Occupation	

Date of Birth	Driver License Number (Optional)
Please list your previous emergency response training and experience (CPR, First Aid, EMT, M.D., R.N., Firefighter, Police Officer, Search, and Rescue, etc.):	

In Case of Emergency (ICE) Contact Person:

Last Name	First Name	Relationship to Applicant

ICE Phone 1	ICE Phone 2	ICE Email
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Applicant Signature	Date
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Please return completed form to:

City of Moorpark
Emergency Management Services
799 Moorpark Ave.
Moorpark, CA 93021
805 517-6241
tdavis@moorparkca.gov

If you are a person with a disability and need an accommodation to participate, please contact Teri Davis at (805) 517-6241 or tdavis@moorparkca.gov, at the time of registration.

**CITY OF MOORPARK
2018 COMMUNITY EMERGENCY RESPONSE TEAM TRAINING
INFORMED CONSENT AND RELEASE**

2018 CERT Training Dates: 3/1, 3/8, 3/15, 3/22, 3/29, & 4/5 from 6-9 and 4/7 from 8-4
Locations: 610 Spring Road for 3/1-4/5 and Camarillo Airport for 4/7

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 hereby grant the City of Moorpark permission to record or transmit videos or photographic images, and/or record for later transmissions, my likeness and/or voice for any lawful purpose, at any time, and to own all said images and/or media. I assign to the City of Moorpark the right to re-use, publish, and otherwise reproduce, modify, and display the same, in whole or in part. I also authorize use of any images and/or media for the purpose of promotion and publicity. I waive any right that I may have to inspect or approve the finished product of the same. My name may be displayed with the same with my written approval.

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, understand, 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 CERT Training Participant

Signature of Instructor

Date



Community Emergency Response Team Release of Liability and Covenant Not to Sue

I am in good health and able to safely participate in the Community Emergency Response Team (“CERT”) classes, training and exercises.

I understand that the CERT classes, training and exercises may be hazardous and may result in injuries to me, and participation in the classes, training and exercises is at my own risk.

In consideration of the CERT classes, training and exercises provided and to be provided to me, I hereby waive and fully release and discharge, for myself and my personal representatives, heirs, next of kin and assigns, the Ventura County Fire Protection District and the County of Ventura and their respective supervisors, directors, officers, employees and agents (collectively, “District/County”) from any and all claims, demands, liabilities, debts, obligations, causes of action, damages and attorney fees (collectively, “claims”), whether foreseen or unforeseen, that I have, or in the future may have, against the District/County, and covenant and promise, for myself and my personal representatives, heirs, next of kin and assigns, not to sue the District/County with respect to any claims, arising out of, or in any way connected with or relating to, my participation in the CERT classes, training and/or exercises, including, without limitation, claims for personal injury or property damage.

No statements, representations, promises or inducements, oral, written or otherwise, have been made to me concerning the subject matter hereof, except for those set forth in this document. I have read and fully understand the meaning and effect of this document, am aware that this document is a release of liability and covenant not to sue, and intending to be legally bound, have voluntarily signed below.

Signature of Participant

Participant Phone Number

Printed Name of Participant

Participant Address

I agree to the above terms and authorize the above person's participation in the CERT program.

City State Zip

Signature of Parent/Guardian
(if participant is under age 18)

Date



Ventura County

Fire Department

Photographic Model Release

Photos for Ventura County CERT

I hereby grant the Ventura County Fire Department and their Public Information Office permission to record or transmit videos or photographic images, and/or record for later transmissions, my likeness and/or voice for any lawful purpose, at any time, and to own and register all copyrights of said images and/or media. I assign to the Ventura County Fire Department and their Public Information Office the right to re-use, publish, and otherwise reproduce, modify, and display the same, in whole or in part, and to use my name in connection with the same. I also authorize use of any images and/or media for the purpose of promotion and publicity. I waive any right that I may have to inspect or approve the finished product or the written copy that might be used in conjunction therewith, or the use to which it may be applied. I have read this agreement before signing and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Name: _____

Signature: _____

Address: _____

Signature of Parent or Guardian
(If above is under 18): _____

Date: _____

CERT Program
165 Durley Ave., Camarillo, CA 93010
(805) 389-9710