



WAIVER OF LIABILITY

Whereas I, _____ of
Name of Participant

Home Address

(_____) _____ - _____ (_____) _____ - _____
Home Phone Cell Phone Email Address

I have made a voluntary request on my own initiative to participate in the Community Emergency Response Team (CERT) with Franklin County, Florida.

Now, therefore in consideration of Franklin County allowing me to participate in the CERT program and in consideration of Franklin County Emergency Management 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 Franklin County, its employees, officers, commissioned staff, representatives, instructors, Board of Directors, Training Committee Members, affiliates, and agents, acting officially or otherwise 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 Franklin County, or whether said harm or damage occurs through acts of a person not employed by Franklin County.

I **ACKNOWLEDGE** that I understand that 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 CERT program.

I **ACKNOWLEDGE** that my participation in the CERT 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 Franklin County.

I **ACKNOWLEDGE** that my participation in the CERT program, and any continued disaster educational training may cause me to view possibly graphic and/or hazardous emergency photographs or scenes.

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I **ACKNOWLEDGE** and **AGREE** to exercise reasonable care while participating in any of the Community Emergency Response Training programs. 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 Community Emergency Response Team.

I **AGREE** to abide by all instructions given to me by the Franklin County Emergency Management personnel and other instructors and safety officers, while participating in the 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 any Community Emergency Response Team operations, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential Franklin County Emergency Management, or other entities. **I agree that I will not release ANY information, items obtained by me, or sensitive materials that I may become privy to during my participation in the program.**

While participating in the 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.

Participant Name (Print)

Date

Participant Signature