



COMMUNITY EMERGENCY RESPONSE TRAINING (CERT) Application

(Please PRINT legibly)

_____ Date

_____ Last Name First Name M.I.

Do you reside or work in Simi Valley? _____ YES _____ NO

_____ Home Address City Zip Code

_____ Business Name and Address City Zip Code Occupation

_____ Home Phone Work Phone Cell Phone

_____ Date of Birth (*Must be 18 years or older*) E-Mail Address

Please list any previous emergency response training, special licenses or experience you have (CPR, First Aid, EMT, M.D., R.N., Firefighter, Police Officer, Sheriff Deputy, Search and Rescue Team, amateur ham radio, etc.)

LIABILITY WAIVER

By signing this waiver, I agree to the following:

1. I release, waive, discharge, and covenant on behalf of myself and my minor children not to sue the City of Simi Valley ("City"), their elected and appointed officials, agents, volunteers, and employees ("Releasees") from all liability to me, or my minor children, for any loss or damage, and any claim or demands on account of personal or property injury or because of my, or my minor children's death, whether caused by Releasees' negligence or otherwise, while I, and my minor children, participate in the City of Simi Valley CERT Training Program.
2. 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 shall, notwithstanding, continue in full legal force and effect.
3. I grant permission for the City to use my image, filmed or photographed during CERT Training activities, to promote its programs.
4. In case of serious injury, I give my permission for City personnel to seek any medical treatment should it become necessary.
5. I have read and voluntarily sign this 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 Applicant

_____ Date

Completed applications may be Emailed to: CERT@simivalley.org, Faxed: (805) 583-6201, mailed US Post, or hand delivered to: City of Simi Valley - Office of Emergency Services, 3901 Alamo St. Simi Valley, CA 93063 Attn: CERT Coordinator,

Date Received: _____ Received by: _____ Date Acceptance letter sent: _____