

**FOSTER CITY FIRE DEPARTMENT**  
**COMMUNITY EMERGENCY RESPONSE TEAM**  
**HOLD HARMLESS / PERMISSION REQUEST**

I, , the undersigned, declare the following:

I am  years of age and am not a member of the Foster City Fire Department. I have made a voluntary request to participate in the Community Emergency Response Team (CERT) program of the Foster City Fire Department, during which time I understand that this training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I have read and understand the program outline that describes all class sections and the associated activities.

I understand that the Foster City Fire Department will allow me to participate in the CERT program on condition that I assume the risks involved in said participation and I agree to these conditions.

I understand that the duties of the members of the Foster City Fire Department are inherently dangerous and that I may be subjected to the risk of death or personal injury or of damage to my property during my participation in the CERT program. I further understand that said risks may arise from, but may not be limited to, civil disturbances; explosions; electrocution; the escape of radioactive substances; the effects of wind, rain, fire and gas; and vehicular collision; and I freely and voluntarily assume all of said inherent risks, whether or not they are listed herein.

I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the CERT program, 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 program.

I hereby forever release and discharge the City of Foster City, its employees and agents, from any and all liabilities, claims, demands or causes of action that I may hereafter have for injuries and damages arising out of participation in the CERT program, including, but not limited to, losses caused by the passive or active negligence of the released parties or hidden, latent, or obvious defects in the premises or equipment used.

In consideration of my being permitted to participate in the CERT program, I agree to be bound by all orders, rules and regulations concerning my participation and to promptly obey all instructions of any Fire Department officer to whom I am assigned. I agree that if I am exposed to or come to have knowledge of any personnel protected health information (PHI) I shall not discuss, I shall not disclose, I shall not write about, or in any way cause others to have knowledge of any persons PHI.

I have read and understand the contents of this document and sign the same of my own free will. I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if participant  
Is younger than 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Number

Comments:

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

\_\_\_\_\_  
Date