



CITY *of* CALABASAS

**WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT  
Participation in Calabasas Community Emergency Response Team**

I, \_\_\_\_\_, being at least eighteen years of age, and in consideration for acceptance, approval and participation in the Community Emergency Response Team (CERT) Program, sponsored by the City of Calabasas, does hereby agree to this consent, waiver, and release of liability.

1. I, and on behalf of my heirs, executors, and assigns, voluntarily and knowingly release, waive, and discharge the City, its appointed and/or elected officials, officers, employees, agents, contractors, and volunteers, from and against any and all claims, demands, actions, judgments, and executions we may have against the City, for all personal and property injuries caused by, in connection with, or arising out of my participation in the CERT Program, including, but not limited to, death, personal injury, bodily injury, property damage, emotional distress, consequential damages, and any other liabilities.
2. I further assume the risk for any and all injuries or damage I may incur while participating in the CERT Program. I acknowledge and understand I am fully responsible for any damage or injury which I may cause to private property or to other persons, intentionally or negligently, while participating in the CERT Program.
3. I recognize that the CERT Program will involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in the CERT Program, including, but not limited to, transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care (e.g. controlling bleeding, treating shock, treating sprains and fractures, opening airways, transporting patients, etc.), performing light search and rescue activities (e.g. cribbing and leveraging, victim extrication transportation, etc.), and other similar activities.

I recognize that these CERT Program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known heart or other health problems that could prevent me from participating in any of the activities associated with the CERT Program. I further state that I am sufficiently physically fit to participate in the activities of CERT Program

4. I agree to indemnify, hold harmless, and defend the City, its appointed and/or elected officials, officers, employees, agents, contractors, and volunteers, from any claim, demand, execution, judgment, loss, liability, or action of any kind or nature for damages, consequential or otherwise, including expenses and costs, in connection with or arising out of my participation in the CERT

Program, even though such may arise out of negligence or carelessness by the City, its officers, employees, agents, contractors, and volunteers.

5. I understand that CERT Board and member meetings are public and subject to recording, and my participation in the CERT Program as a member will be subject to recording. I further grant permission for the City to use any photographs, film, and videos of me.
6. In the event of injury while participating in any and all activities associated with the CERT Program, I consent to receive any emergency medical aid, anesthesia, and/or medical treatment or operation if, in the opinion of the attending physician, such treatment is necessary.
7. I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation in the CERT Program. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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