

FOR OFFICE USE ONLY: Entered C/P: _____ Registration Confirmation Date: _____ Via: _____

**WASHOE COUNTY
SHERIFF'S OFFICE
CITIZEN CORPS
PROGRAM**



**REGISTRATION AND
HOLD HARMLESS
AGREEMENT**



How did you hear about us? Web page ___ / TV ___ / Newspaper ___ / Email ___ / Friend ___ / Other _____

I would like to register for the Community Emergency Response Team (CERT) Basic Training Course:

2016 October 2017 January April July October (see www.wcsovolunteer.org for dates)

Personal information:

Name (PRINT): _____
Last First Middle Initial

Home/Street Address: _____
Street City Zip

Mailing Address (if different): _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

I, the individual named above, request permission to participate in the Community Emergency Response Team (CERT) Basic Training course. Participants under the age of 16 must be accompanied by a parent/guardian. For individuals between the ages of 16 and 18, approval is required by a parent or guardian, indicated by a signature below. I understand that training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage, and I make this request with full knowledge of these risks. Further, I have read and understand the program outline that describes the class sessions and associated activities (a complete description is available at <http://www.fema.gov/community-emergency-response-teams/> under 'Training'. I agree to hold Washoe County, Washoe County Sheriff Office, Washoe County Sheriff's Office Citizen Corps Program, and each of their officers, governing bodies, agents, employees, personnel and volunteers, harmless from any and all claims, actions or suits for any injury or loss that I may suffer, or which may arise, as a result of my participation in the above mentioned program/class. Personal safety is the foundation of CERT training. I agree to follow the rules established by the instructors, and to exercise all reasonable care while participating in the CERT program. I understand that I can be administratively removed from the program. Additionally, I authorize the use of my image, photographed in connection with my participation in the program, without prior approval or compensation. I understand that my submission of this Registration form, whether mailed or sent electronically via email or faxed, shall have the same force and effect as an original. Further, I understand that this Registration form is relevant only to the CERT Basic Training and does not substitute for the requirements associated with potential volunteer participation. By executing this release, I certify that I have read this release in its entirety, understand all of the terms and have had any questions regarding the release or its effect satisfactorily answered. I sign this release freely and voluntarily.

I certify that I am over 18 years of age

Signature: _____ Date: _____

Signature of parent/guardian, if applicant is under 18: _____

Please return this form by mail, fax or email to:

Fax to **325-6912**; or mail to: Citizen Corps Program, Washoe County Sheriff's Office, 911 Parr Blvd, Reno, NV 89512;

Registration form can also be scanned and e-mailed to: Shirlee Rhodes 775-325-6928 srhodes@washoecounty.us