



MADISON COUNTY
ALABAMA

Community Emergency Response Team

3rd Party Trained Registration Form

Huntsville-Madison County Emergency Management Agency
P.O. Box 308 Huntsville, AL 35804 (256) 427-5130

Please print clearly, sign, and attach a copy of your CERT certificate and mail to the address above. Thanks!

Date: ____/____/____

3rd Party Trained: Location _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Nearest cross street to your home: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Primary email: _____

May we make your name, address, and phone available to the CERT Association to contact you about future classes, events, and information concerning CERT? _____

Are you above age 18? _____ If under age 18, please provide age: _____

Do you wish to serve on a CERT team? _____

Name of your neighborhood, church, school, or business team:

**MADISON COUNTY, ALABAMA
COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM
HOLD HARMLESS / PERMISSION REQUEST**

I, _____, hereby request permission to participate in the Madison County Community Emergency Response Team (CERT) program. I understand that this will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or personal property damage. Further, I have read and understand the program outline that describes all class sections and the associated activities.

I agree to release and hold, the County of Madison, City of Huntsville, City of Madison, Huntsville Emergency Medical Services Inc (HEMSI), the Huntsville-Madison County Emergency Management Agency, the Madison County CERT Association, and their instructors, agents and personnel, from any and all claims, actions, suits, and/or injury that I may suffer and which may arise as a result of my participation in the above mentioned class and participation in the Community Emergency Response Team program.

I understand that there is no insurance coverage offered by the program.

I agree to follow the rules established by the program and its instructors, and to exercise reasonable care while participating in the CERT program. I understand that I am an unpaid, at-will volunteer and 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.

By executing this release I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactory answered. I sign this release freely and voluntarily.

Signature

Date

Emergency Contact Name

Emergency Contact Number

Parent Name (if under 18)

Parent Signature & Date (if under 18)

Signature of Witness

Date