



**City of Richmond Heights Program Hold
Harmless/Permission Request**

I (print name) _____ hereby request permission to participate in the City of Richmond Heights Community Emergency Response Team (CERT) program. I understand that this training and program involvement will involve active physical participation, which includes a potential risk 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 hold the American Red Cross, the City of Richmond Heights, and their agents, employees, officers, and personnel, harmless, from any and all claims, actions, suits, and/injury that I may suffer and which may arise as a result of my participation in the above mentioned training and program involvement.

I agree to follow the rules established by the instructors, and program managers, and to exercise reasonable care while participating in the CERT program. I understand that if I fail to follow the instructor's, and managers' 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 satisfactorily answered. I sign this release freely and voluntarily.

Signature

Date

Emergency Contact Name

Emergency Contact Number

Comments:

Signature of Instructor/Manager

Date