



REGISTRATION AND HOLD HARMLESS AGREEMENT

I would like to register for the Stillwater Community Emergency Response Team (CERT)

NAME: _____

WORK EMAIL: _____

HOME EMAIL: _____

(Email is the primary means of communication with CERT participants. Please provide an email address, if possible).

TITLE/OCCUPATION/RETIRED: _____

EMPLOYER: _____

ADDRESS - Home or Work: _____

(Please circle one)

CITY: _____ **ZIP:** _____ **CELL:** _____

PHONE-HOME: _____ **WORK:** _____

I, the individual named above, hereby request permission to participate in the Stillwater Community Emergency Response Team(CERT) program. Participants must be 16 or older, unless accompanied by a parent/guardian. For individuals under the age of 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.

I agree to release, waive, discharge and hold the Township of Stillwater, County of Sussex, Stillwater Area Fire Department, and the Stillwater Emergency Rescue Squad, and each of their officers, governing bodies, agents, employees, personnel and volunteers, their successors and/or assigns, harmless from any and all claims, actions or suits for any injury or loss of any nature that I may suffer, or which may arise, as a result of my participation CERT, including but not limited to any programs, training and/or CERT activities. 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 application, whether mailed; or sent electronically via email or faxed, shall have the same force and effect as an original. Further, I understand that a criminal history check will be completed on all applicants, and my acceptance to the course is subject to clearance of the background check. I authorize the NJ State Police Department to conduct a background investigation, including a check of criminal records and other information regarding me that may be of a confidential or privileged nature. I further authorize the Department to use any original, fax or copy of this application for the purpose of authorizing the background investigation. By executing this Agreement, I certify that I have read this Agreement in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactorily answered. I sign this Agreement freely and voluntarily.

Signature: _____ **Date:** _____

Date of Birth: _____ **Drivers License Number:** _____

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

Please return this completed form to:

Maureen Tsadilas, Stillwater CERT Coordinator, 964 Stillwater Road, Newton, NJ 07860
or to maurentsadilas@gmail.com