



WAIVER AND RELEASE AGREEMENT FOR SACHSE CERT PROGRAM

The undersigned, being at least eighteen years of age, or at least sixteen years of age (with signed consent, release and supervision from a parent or legal guardian during the G317 course and CERT activities) and in consideration for acceptance, approval and participation in **Sachse CERT** and its affiliated programs, do hereby agree to this wavier and release.

I recognize that participation with **Sachse CERT** and its affiliated programs 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 these programs, including, but not limited to, transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care, performing light search and rescue activities, rehabilitation and relief services, communications, and other similar activities associated with Sachse CERT programs and other initiatives.

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

I recognize that if I am accepted for the program, I may be covered by the provisions of the "Charitable Immunity and Liability Act of 1987" (Texas Code §84), "Good Samaritan Law: Liability For Emergency Care" (Texas Code §74), the "Volunteer Protection Act of 1997" (Federal Public Law 105-19, June 18, 1997), and others during the time that I am performing approved volunteer activities.

I agree to release Sachse CERT, its programs, officers, directors, employees, members, volunteers, agents, and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with the aforementioned activities.

I further agree to hold harmless, and hereby release the above mentioned entities and persons from all liability, negligence, or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs, or assigns from or in any way connected with the aforementioned activities.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER ANY PARTICIPATION IN PROGRAMS SPONSORED BY SACHSE CERT OR THE CITY OF SACHSE.

Signature

Date Signed

Printed Name

Signature (PARENT or GUARDIAN)

Date Signed

Printed Name (PARENT or GUARDIAN)

STATE OF TEXAS, COUNTY OF DALLAS

SUBSCRIBED AND SWORN TO BEFORE ME, this _____ day of _____, 20____ to certified which witnessed my hand and official seal.

(seal)

Notary Public, State of Texas

My commission expires: _____