

**Sample 2****Brookings County  
Community Emergency Response Team/Training Program (CERT)****Release**

By signing this Release, I acknowledge that I have read and understand the risks associated with this activity. (*Warning: Individuals who do not wish to accept the risks described in this document, should not sign it*). The undersigned participant in the Community Emergency Response Team/Training Program acknowledges and agrees as follows:

**Acknowledgment of Risk**

Participation in the Community Emergency Response Team/Training (CERT) Program involves physical labor and carries a risk of personal injury. I recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combinations with my actions can cause injury to me. I recognize that activities associated with this program may include transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care (e.g., controlling bleeding, treating shock, treating sprains and fractures, opening airways, transporting patients), performing light search and rescue activities and other similar activities.

**Physical Activity**

I understand that the physical activity involved in this program may cause physical and emotional discomfort. I am free from any known heart disease or other serious health problems that could prevent me from participating in any of the activities associated with this program. I am sufficiently physically fit to participate in the activities of the program.

**Immunity**

I recognize that the activities associated with this program fall within the general immunity from liability for emergency care pursuant to SDCL 20-9-4.1. I certify that I have medical insurance to cover the cost of any emergency or other medical care that I may receive for an illness or injury. If I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care that I receive.

**Release and Indemnification**

I hereby assume all risk of injury or liability and waive any right of recovery from, or to bring suit against Brookings County and any other public or private entity involved with the Community Emergency Response Team/Training, together with all of their employees or agents, for any bodily injury, death, or other consequences arising out of my participation in this activity. I agree to indemnify, defend, and hold harmless the above listed entities and their agents or employees from all loss, costs, damage, injury, liability, claims, and causes of action whatsoever, arising out of or related to any act, error, or omission while participating in any aspect of this activity.

**I HAVE READ THE ABOVE RELEASE AND CONSENT TO ITS PROVISIONS.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Created on 1/26/2005

8