

**APPENDIX B:
HOLD HARMLESS AGREEMENT &
INSURANCE & LIABILITY ACKNOWLEDGEMENT**

I, (*print name*) _____, hereby request permission to participate in the Depoe Bay Fire District Community Emergency Response Team (CERT) program. I understand that this training and CERT activities 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 hold the Depoe Bay Fire District CERT Program, Depoe Bay Fire District, Lincoln County, and Lincoln County Sheriff's Office and their volunteers, agents and personnel, harmless 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 program.

I agree to follow the rules established by the CERT program instructors and leaders, and to exercise reasonable care while participating in the CERT program. I understand that 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.

I understand that I will **not** be covered by any insurance while participating in CERT activities or training (including any and all training exercises and drills) or while attending meetings. I further understand that my participation in emergency response activities is **not** covered by insurance unless I am activated at a County level by the County Sheriff or County Emergency Manager.

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.

_____ Additionally, I authorize the use of my image, photographed in connection with my participation in the program, without prior approval or compensation (Please initial approval).

Member Signature

Date