



Training Division

Registration Form and Liability Release

Class Title: Harris County Citizen Corps – CERT Rodeo

To participate in this class, read the notices below and sign where indicated.

Date February/7/2009
month day year

D.O.B. ____/____/____
month day year

Name _____ / _____ / _____
First M.I. Last

Department/CERT Team _____

Address _____
Street or P.O. Box

_____/_____/_____
City County ST Zip

E-Mail _____ Telephone _____

RELEASE

1. In consideration for receiving permission to participate in this class, I hereby release, indemnify, and covenant not to sue the Harris County FESD, Harris County, the State of Texas, their officers, agents, employees, or members (Releasees) from any and all liability, claims, costs, and causes of action arising out of or related to an property damage or personal injury, including death, that may be sustained by me, while participating in such activity, or while on the premises owned, leased, or used by Releasees. I acknowledge there may be physically strenuous activities. I know of no physical or mental condition which would preclude my full participation.
2. I am fully aware of the risks and hazards involved in this class, including but not limited to burns, heat stroke, heart attack, heat exhaustion, falls, and other related injuries, and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property.
3. I understand that Releasees do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.
4. In signing this release, I acknowledge that I have read and understand this Release; and that I am at least eighteen (18) years of age and fully competent. **If I am under 18 years of age, I acknowledge that a notarized parental/guardian release is required as a part of, and is attached to, this Release.**

I have read and understand this material and certify that the information provided by me is true and correct to the best of my knowledge. This document is signed in good faith.



_____/_____/_____
Signature of participant Date Signature of parent/legal guardian (if under 18 YOA) Date



_____/_____/_____
Signature of witness Date