

TOWN OF BEDFORD

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Chief of Police



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POLICE DEPARTMENT

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TOWN OF BEDFORD POLICE COMMUNITY EMERGENCY RESPONSE TEAM (C.E.R.T.) PROGRAM HOLD HARMLESS/PERMISSION REQUEST

I, _____, hereby request permission to participate in the Town of Bedford Police Department Community Emergency Response Team (CERT) program. I understand that this training 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 indemnify, protect, and save harmless the Town of Bedford from and against any and all claims, demands, actions, judgements, costs, expenses, and liabilities which may arise or result, directly or indirectly, from or by damages to property and injury or death to all persons, including payments made under any Worker's Compensation Law or under any plan for employers disability and death benefits by any negligent act of the Town of Bedford, its agents, employees, or subcontractors, which may arise as a result of my participation in the above mentioned class.

I agree to follow the rules established by the instructors, 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.

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.

Signature

Date

Emergency Contact Name

Emergency Contact Number

Comments:

Signature of CERT COORDINATOR
Rev. 5/11/05 CM

Date

