

CITY OF MERCER ISLAND



IMPORTANT INFORMATION

1. **Please fill out the TEEN CERT application in its entirety.** The Application consists of three forms: Application for Enrollment, Waiver of Liability, and Likeness Waiver. All forms must be signed by the applicant's parent/legal guardian. Completing and signing the Likeness Waiver is optional.
 2. **Prospective candidates must be between 13 and 17 years of age** at the time of registration and be a resident of the State of Washington.
 3. **A local check will be conducted to determine the background of the participants.**
 4. Return applications to:

via email: amanda.keverkamp@mercerisland.gov
Mercer Island Emergency Management
Attn: Amanda Keverkamp
- You may keep the cover letter and these rules for your reference.
5. **The CERT program is free of charge to all members;** however, class size is limited.
 6. Participants will need to bring your issued Binder to each scheduled session (*these will be provided the first night of class*).
 7. Attendance to each session is critical to fully benefit from participation in the program. Please make every effort to attend each training session. If you will be unable to attend any of the sessions, please notify Amanda Keverkamp:
amanda.keverkamp@mercerisland.gov
 8. Please contact Amanda Keverkamp for any additional information.

Participants will receive more information at the first-class session.

CITY OF MERCER ISLAND



APPLICATION FOR ENROLLMENT

Teen Information

Teen Name _____

Preferred Name/Nickname _____ Date of Birth_____/_____/_____

Address _____

(Please provide street address, P.O. Box not acceptable)

Do you speak a language other than English? YES NO

If YES, please specify: _____

Are you committed to attending all of the scheduled classes? Yes No

Teen Medical Information

Allergies: Food _____

Medicine _____

Other _____

Do you carry medicine for allergies? YES NO

If YES, please specify _____

Is there any physical or medical condition (such as asthma) that limits your physical activity? YES NO

If YES, please specify _____

Do you carry medicine for this medical condition? YES NO

If YES, please specify _____

The City of Mercer Island will make reasonable efforts to assure all persons have access to any programs and services. If a disability requires special needs accommodations, please contact Amanda Keverkamp at 206-275-7905 or amanda.keverkamp@mercerisland.gov

APPLICATION FOR ENROLLMENT

Teen Name (Please print) _____

Parent/Guardian Information

Parent Name _____

Mother Father Legal Guardian

Home Address _____

(Please provide street address, P.O. Box not acceptable)

Parent Phone Numbers/Contact Information:

Home (_____) _____ Work (_____) _____

Cell (_____) _____ E-mail _____

Occupation _____ Employer _____

Alternate Contact Person (In Case of Emergency)

Name _____

Relationship _____

Phone Numbers:

Home (_____) _____ Work (_____) _____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____

For Official Use Only

Date/Time Received _____ / _____

History Check Date/Time _____

Emergency Manager _____

CITY OF MERCER ISLAND



WAIVER OF LIABILITY

Whereas I,

Name of Teen

Home Address

(____) _____

Home Phone

(____) _____

Cell Phone

Have made a voluntary request on my own initiative to participate in the TEEN Community Emergency Response Team with the City of Mercer Island, Washington.

Now, therefore in consideration of the City of Mercer Island allowing me to participate in the TEEN Community Emergency Response Team program and in consideration of the City of Mercer Island permitting me the use of its facilities, I do hereby, for myself, and administrators, release the City of Mercer Island, its employees, representatives, instructors, and affiliates (hereinafter referred to as the City of Mercer Island) from any and all claims, actions, or demands on account of my personal injury or damage to my personal property which may occur.

I ACKNOWLEDGE that I understand that TEEN CERT training will involve active physical participation, which includes a potential risk of personal injury and/or private property damage; and that I make the request to participate in the program with full knowledge of these risks. I ASSUME THE RISK of all injuries that may occur because of my participation in the TEEN Community Emergency Response Team program.

I ACKNOWLEDGE that my participation in the TEEN Community Emergency Response Team program and any continued educational training is strictly voluntary and does not grant employment rights, employee benefits, or a vested/liberty interest as an employee with the City of Mercer Island.

I ACKNOWLEDGE that my participation in the TEEN Community Emergency Response Team and any continued disaster educational training may cause me to view graphic and/or hazardous emergency photographs or scenes.

WAIVER OF LIABILITY

Teen Name (Please print) _____

I **ACKNOWLEDGE** and **AGREE** to exercise reasonable care while participating in any of the TEEN Community Emergency Response Training program. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to because of my participation with the TEEN Community Emergency Response Team.

I **AGREE** to abide by all instructions given to me by the Mercer Island CERT instructors while participating in the TEEN Community Emergency Response Team and I **UNDERSTAND** if I fail to follow the instructor's rules/regulation, or if I fail to exercise reasonable care, I can be administratively removed from the program.

While participating in any TEEN Community Emergency Response Team training, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential by the City of Mercer Island, the State of Washington, or other entities. **I agree that I will not release ANY information, items obtained by me, or sensitive materials that I may become privy to in the course of my participation in the program.**

While participating in the TEEN Community Emergency Response Team, I agree to advise the program coordinator, immediately, of any interaction I may have with any law enforcement official involving a criminal investigation against me or my arrest.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS City of Mercer Island from and against any and all liability, loss, cost, or expense (including attorneys' fees) arising from or in any manner connected with being permitted to participate in the TEEN Community Emergency Response Team program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY CITY OF MERCER ISLAND, WASHINGTON FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE TEEN COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM.

Signature of Teen Applicant

Date

Signature of Parent/Legal Guardian

Date

Witness

Date

THIS RELEASE MUST BE EXECUTED PRIOR TO PARTICIPATION IN THE TEEN COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM.

CITY OF MERCER ISLAND



LIKENESS WAIVER

Release and Waiver of Liability

I am an adult (aged eighteen or older) and the parent/legal guardian of a minor child.

I authorize the City of Mercer Island to use my name and display my image and likeness, or the likeness of said minor child, on the City of Mercer Island's website or media publications, brochures, broadcasts, telecasts, or newspaper articles.

This authorization shall remain in effect until revoked by me in writing.

By offering my signature below, I acknowledge acceptance of this waiver and agree to allow the use of my or said minor child's likeness from any photos or video taken that specifically involve activities related to the City of Mercer Island TEEN Community Emergency Response Team.

I understand that the photos or video could be used to advertise and/or promote the City of Mercer Island's community relations activities.

Minor Child's Name

Participant or Parent/Legal Guardian Authorizing Signature

Date

Participant or Parent/Legal Guardian Name (*please print*)

Witness Signature

Date

Witness Name (*please print*)