



**MEMORANDUM OF UNDERSTANDING
FOR PARTICIPATION IN YORK COUNTY'S
COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM**



I _____ request to participate in York County's Community Emergency Response Team (CERT) Program as a volunteer member. I understand that training will be provided to me by York County's Department of Fire and Life Safety in order to help me prepare and function more effectively prior to, during, and after, a significant event/incident, disaster, and/or large-scale emergency and certain non-emergency situations. I recognize that training and activities I may perform as part of the CERT program will involve physical activity and may cause me physical and/or emotional discomfort. I am free from any known physical or mental health conditions which could prevent me from participating in training or program activities.

I understand that participation in the CERT program may carry a risk of personal injury. I further understand that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which alone or in combination with my actions can cause harm, injury and/or illness to me. My participation in the CERT program is voluntary and I hereby agree to assume all risks which may be associated with or may result from my participation in the program, and hereby waive any and all claims, causes of actions and demands against York County, its agents, officers and employees for any personal harm, illness, injury and/or property damage arising from my participation in the CERT Program.

I give permission for activity videos and photographs to be taken of myself, and understand they will only be used in official York County publicity, such as York Government Cable Channel, York County Internet web site, publications, displays, and presentations. I understand that I do not become a York County employee through participation in the CERT program.

PRINT NAME: _____ SIGNATURE: _____

WITNESS: _____ DATE: _____