



CITY OF  
**PUYALLUP**  
**EMERGENCY MANAGEMENT DIVISION**

**CERT Basic Training**  
**PARTICIPATION FORM**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation (if applicable): \_\_\_\_\_

Name of current school (if applicable): \_\_\_\_\_

Organizational Memberships: \_\_\_\_\_

Other Volunteer Services: \_\_\_\_\_

Please list any languages, other than English, that you fluently speak, write, and/or understand: \_\_\_\_\_

Do you need any accommodations? \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, person to contact should be:

|         |              |       |
|---------|--------------|-------|
| _____   | _____        |       |
| Name    | Relationship |       |
| _____   | _____        |       |
| Address | City         |       |
| _____   | _____        |       |
| State   | Zip Code     | Phone |





CITY OF  
**PUYALLUP**  
**EMERGENCY MANAGEMENT DIVISION**

**INTEREST**

Why do you want to attend CERT Basic Training?

How will you use what you learn in CERT Basic Training to impact our community?

Are you interested in joining a CERT Team in your neighborhood? YES \_\_\_\_\_ NO \_\_\_\_\_

*I declare under penalty of perjury that all statements on this form are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Participants must be 16 years of age or older, unless accompanied by a parent/guardian. For individuals under the age of 18 years old, approval is required by a Parent or Guardian:*

Parent/Guardian Signature of Consent: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF  
PUYALLUP  
EMERGENCY MANAGEMENT DIVISION**

**PHOTO RELEASE**

During your participation in the City of Puyallup CERT Basic Training, photographs will be taken to document activities and events. Photographs could be used by the City of Puyallup for community outreach and public affairs purposes. By checking yes, you agree to release and authorize any photographs, as described above to be used by the City of Puyallup.

YES \_\_\_\_\_ NO \_\_\_\_\_

**RELEASE, WAIVER, AND HOLD HARMLESS AGREEMENT**

The undersigned desires to attend the City of Puyallup CERT Basic Training.

For and in consideration of my participation in the City of Puyallup CERT Basic Training, I hereby release from liability for any injuries or damage, I may sustain, and agree to save, defend, indemnify, and hold harmless the City of Puyallup, its employees, volunteers, and the agents from any and all claims, real or imaginary, which may be filed against them of any act or omission of the undersigned during the program. The release, waiver, and hold harmless agreement applies to and is binding upon the undersigned and his/her heirs, successors, and assigns.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

*Participants must be 16 years of age or older, unless accompanied by a parent/guardian. For individuals under the age of 18 years old, approval is required by a Parent or Guardian:*

Parent/Guardian Signature of Consent (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed participation form via mail or submit online to:**

City of Puyallup  
Emergency Management Division  
333 South Meridian  
Puyallup, WA 98371  
[prepare@puyallupwa.gov](mailto:prepare@puyallupwa.gov)

