



## APPLICATION FOR MEMBERSHIP TO TRI COMMUNITY CERT

Please print both pages and mail to:

Tri Community CERT  
C/O Jennifer Schultz, Mayfield Village Fire Department  
770 SOM Center Rd  
Mayfield Village, OH 44143

### Contact Information:

First Name:	Last Name:	Middle Name:	
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:	Relationship:		

### Emergency Contact:

First Name:	Last Name:	Middle Name:	
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:	Relationship:		

### Special Skills:

Please list any special skills, licenses, or certifications that may be valued by the organization:

I understand that the application process includes a criminal background check.

Applicant's Signature:
Date:



**TRI COMMUNITY CERT  
HOLD HARMLESS AGREEMENT**

I \_\_\_\_\_ (**PRINT NAME**), hereby request permission to participate in the CERT program and all of its activities. I understand that all activities may involve active physical participation, which includes a potential risk of personal injury and/or property damage. I make this request with full knowledge of the possibility of personal injury and/or property damage. Further, I have read and understand the program outline that describes the class sections.

I agree to hold The American Red Cross, The City of Mayfield Heights, Mayfield Village, the City of Highland Heights, The City of Richmond Heights, The Tri Community CERT and their agents, board members and personnel, harmless from any and all claims, actions, suits, and/or injury that I may suffer, and which may arise as a result of my participation in the CERT Team. I assume all risk associated with CERT activities.

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, regulations and instructions or if I fail to exercise reasonable care, I can be removed from the program.

By executing the release and Hold Harmless I certify that I have read this in its entirety, understand all of its terms and have had any questions regarding the release and Hold Harmless or its effect answered.

Signature:	Date:
Witness:	Date: