



Rockaway Township Police Department  
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 Rockaway, New Jersey 07866  
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 Chief Walter J. Ardin Jr.



**CERT Hold Harmless/Permission Request**

**Rockaway Township  
 Community Emergency Response Team Program  
 Hold Harmless/Permission Request**

I, \_\_\_\_\_, hereby request permission to participate in the Rockaway Township Community Response Team (CERT) program. I understand that this training will involve 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 hold The American Red Cross, The Rockaway Township Police Department, Rockaway Township Fire Department, The Township of Rockaway, and the Rockaway Township Office of Emergency Management, and their agents 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 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:	
Instructor Signature:	Date: