



Illinois Emergency Management Agency

Individual Registration Form and Liability Release

**Exercise Title: Prairie State CERT Challenge
October 3, 2015**

To participate in this exercise, complete the required fields, read the notices and sign where indicated.

Name _____ / _____ / _____
First M.I. Last

Department/CERT Team _____ D.O.B. _____ / _____ / _____
month day year

Address _____
Street Address or P.O. Box

City County ST Zip

E-Mail _____ Telephone _____

RELEASE

1. In consideration for receiving permission to participate in this class, I hereby release, indemnify, and covenant not to sue the State of Illinois, their officers, agents, employees, or members (Releases) from any and all liability, claims, costs, and causes of action arising out of or related to an property damage or personal injury, including death, that may be sustained by me, while participating in such activity, or while on the premises owned, leased, or used by Releases.
2. I acknowledge the training may include physically strenuous activities. I know of no physical or mental condition which would preclude my participation.
3. I am fully aware of the risks and hazards involved in this training, including but not limited to burns, heat stroke, heart attack, heat exhaustion, falls, and other related injuries, and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property.
4. I understand that the State of Illinois does not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.
5. In signing this release, I acknowledge that I have read and understand this Release; and that I am at least eighteen (18) years of age and fully competent.

I have read and understand this material and certify that the information provided by me is true and correct to the best of my knowledge. This document is signed in good faith.

Signature of participant _____ / _____ / _____
Date

Signature of witness _____ / _____ / _____
Date

Every registration form must include a signed and notarized Oath form and a Participant Waiver form. These forms are located on the website:

<http://www.illinois.gov/iema/LocalEMA/CitizenCorps/Pages/default.aspx>