

CLEVELAND STATE UNIVERSITY
COMMUNITY EMERGENCY RESPONSE TEAM (C.E.R.T.)
COURSE APPLICATION

By completing this application in its entirety, you will help the instruction team understand the general profile of the class they are teaching. Do not answer any question that you are not comfortable completing.

Submitting an application does not guarantee admittance to the next scheduled class, but it does assure that your interest is recorded (and you will be notified of the next available class in your area).

Please Print Clearly:

Name: _____

Address: _____

Home phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Is there an alternative way to contact you? (i.e. fax, e-mail): Check one: YES__ NO__

If yes, please provide: _____

Date of Birth: _____ How long have you lived in Ohio? _____

Do you have any physical or medical conditions that might affect your participation in some of the exercises used in this course? Check one: YES___ NO___ If yes, please explain:

There is no cost to you for this training course. You will be given a manual and equipment to use for actual activation.

I understand that any and all equipment issued to me is the property of your Public Safety Forces and that I am expected to return it in good condition if I leave the program or area.

Please initial: _____

I understand that by completing this course I will learn certain basic skills that are intended to help me render assistance to others only when I deem it safe and necessary for me to do so. I am under no obligation, by virtue of having received this training, to render aid or become involved in any activities that would make me feel uncomfortable or have the potential to cause me physical or emotional injury.

Please Initial: _____

I recognize the fact that I will receive a "Certificate of Completion" only upon attending all modules of the course.

Please Initial: _____

By this signature, I affirm that I understand that when acting as a C.E.R.T. Volunteer, I may only:

1. act within the scope of my official duties, and
2. act in furtherance of a public purpose.

Please Initial: _____

I understand that deviation from the above may result in personal liability.

Please Initial: _____

I have read and understand Section 2305.23 of the Ohio Revised Code known as the "Ohio Good Samaritan Law" pertaining to "Liability for emergency care" and written as follows: "No person shall be liable in civil damages for administering emergency care or treatment at the scene of an emergency outside of a hospital, doctor's office, or other place having proper medical equipment, for acts performed at the scene of such emergency, unless such acts constitute willful or wanton misconduct."

Please Initial: _____

I understand that as a C.E.R.T. Volunteer I am free to leave the scene of any Emergency at any time after arriving. It is expressly agreed that my participation as a C.E.R.T. Volunteer and any transportation provided by Cleveland State University shall be undertaken by me, at my sole risk, and Cleveland State University shall not be liable for injuries or any damages to me, or to any of my property, or to be subject to any claim, demand, injury or damages whatsoever, including, without any limitation, those injuries and/or damages resulting from acts of active or passive negligence on the part of Cleveland State University, their employees or agents. I, my executors, administrators, heirs, assigns and successors, do hereby expressly forever release and discharge Cleveland State University, their employees, official agents, assigns and/or successors from all such claims, demands, injuries, damages, actions or causes of actions whatsoever.

By my signature below, I hereby attest that I have read the foregoing and agree to be bound thereto:

Signature _____ **Date** _____