

For office use only:

School Age Emergency Response Team (CERT) Training

- I would like to register for the SERT course to be held (please insert location and date of training here): _____
- I am unable to attend this scheduled training course, but please contact me about future SERT training.

Please Print Clearly:

Name: _____ **Age:** _____

Street Address: _____

City: _____	State: _____	Zip: _____
--------------------	---------------------	-------------------

Telephone (Day): _____	(Evening): _____
-------------------------------	-------------------------

Email at which you want to be contacted about the class:

Please mail this form (one registration per form, please) to:

Kenosha County Emergency Management
Attn: Linda Botts
1000 55th St.
Kenosha, WI 53140

Or fax to: **Kenosha County Emergency Management**

Attention: Linda
262.605.7905

FOR MORE INFORMATION ABOUT SERT, PLEASE CALL
SOUTHEAST WISCONSIN CITIZEN CORPS, 262.605.7903

KENOSHA COUNTY
SCHOOL EMERGENCY RESPONSE TEAM PROGRAM
HOLD HARMLESS/PERMISSION REQUEST

I, _____, hereby request permission to participate in the Kenosha County School Age Emergency Response Team (SERT) program. I understand that this training will involve active 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 County of Kenosha, Kenosha County Emergency Management, and all municipalities, schools, churches, and businesses within Kenosha County and their officers, agents, and employees 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 SERT 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