

BAINBRIDGE ISLAND COMMUNITY EMERGENCY RESPONSE TEAM VOLUNTEER AGREEMENT AND RELEASE

Confidentiality Agreement

I respect the confidentiality of the Personal and City information and will discuss or give official information only as directed by a supervisor. No confidential information will be provided to the public except within the guidelines of the City.

Photo Release

I give permission to Bainbridge Island Community Emergency Response Team (CERT) to photograph me or my children participating in events for use in future publicity and understand that I will not receive any compensation for such use.

Bainbridge Island CERT Standard Operating Procedures

I certify that I have received and reviewed the City of Bainbridge Island CERT Standard Operating Procedures.

I further understand that, by signing this statement as required, I am indicating that I will read the Bainbridge Island CERT Standard Operating Procedures and understand its contents, or will discuss questions I have with the City of Bainbridge Island's Emergency Management Coordinator/CERT Coordinator. I also realize that this statement will become a permanent part of my volunteer file.

Permission of Seek Medical Treatment

In the event of an emergency, I hereby give Bainbridge Island CERT permission to seek medical attention for myself or my child, if applicant is less than 18 years of age.

Insurance Information and Release

In consideration of accepting this position as a volunteer, I assume all risks for any injury whatsoever arising out of my participation in this activity. I do hereby release, indemnify, and hold harmless the City of Bainbridge Island and its agencies, departments, officers, clients, agents, volunteers or employees from any and all claims, damages, or losses, caused by the negligent omissions of the City's officers, clients, agents, volunteers or employees that result in bodily injury, property damage, or any other injury or loss to myself and to any minor children for whom I have the capacity to contract arising out of the participation in this activity or others sponsored by the City.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A PARTIAL RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF BAINBRIDGE ISLAND. BY SIGNING BELOW, I EXPRESS MY UNDERSTANDING AND INTENT TO ENTER INTO THIS AGREEMENT WILLINGLY AND VOLUNTARILY.

Name (Please Print)

Signature

Date

Name of Parent/Guardian (if volunteer is under 18 years of age)

Date