

**Brea, Placentia and Yorba Linda  
Community Emergency Response Team (CERT)  
Program Training Schedule**

**Spring 2018**

	<u>Training Program</u>	<u>Text</u>	<u>Date/Time</u>	<u>Location</u>
0	Orientation, Disaster Preparedness, CERT Organization/ICS	<u>Class 1</u> Unit 1 Unit 6	Tuesday 4/10/2018 6:30 – 10:00 p.m.	City of Brea Civic/Community Center 1 Civic Center Circle Brea, CA 92821
0	Disaster Medical Operations, Part I	<u>Class 2</u> Unit 3	Thursday 4/12/2018 6:30 – 10:00 p.m.	City of Brea Civic/Community Center 1 Civic Center Circle Brea, CA 92821
0	Disaster Medical Operations, Part II	<u>Class 3</u> Unit 4	Tuesday 4/17/2018 6:30 – 10:00 p.m.	City of Brea Civic/Community Center 1 Civic Center Circle Brea, CA 92821
0	Communications Disaster Psychology Terrorism Awareness	<u>Class 4</u> Unit 7 Unit 8	Tuesday 4/24/2018 6:30 – 10:00 p.m.	City of Brea Civic/Community Center 1 Civic Center Circle Brea, CA 92821
0	Fire Suppression	<u>Class 5</u> Unit 2	Thursday 4/26/2018 6:30 – 10:00 p.m.	City of Brea City Yard 545 Berry St Brea, CA 92821
0	Light Search & Rescue Ops CERT Final Exam Disaster Simulation Drill Graduation	<u>Class 6</u> Unit 5 Unit 9	Saturday 4/28/2018 9:00 a.m. – 2:00 p.m.	City of Brea City Yard 545 Berry St Brea, CA 92821

**11/15/17**

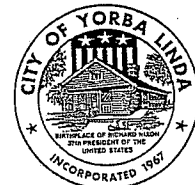
**This course will be held on the dates/locations listed above.** Please note that locations are subject to change. They will be confirmed via email to all registrants prior to the first class. The course is 20+ hours in length and is provided free of charge; pre-registration is required. All classes/units must be completed to be considered a graduate of the program. For additional information, contact one of the City representatives listed below.



City of Brea  
Lisa Keyworth  
714-990-7622  
[lisaK@cityofbrea.net](mailto:lisaK@cityofbrea.net)



City of Placentia  
Michelle Munoz  
714-993-8255  
[mmunoz@placentia.org](mailto:mmunoz@placentia.org)



City of Yorba Linda  
Mike Ferdig  
714-961-7110  
[mferdig@yorba-linda.org](mailto:mferdig@yorba-linda.org)



**Brea  
Community Emergency Response Team  
C.E.R.T. Class Registration**



**The C.E.R.T. class is a 20 hour course taught in an interactive format including lecture, video, discussion and hands-on activities**

**Date:** \_\_\_\_\_ (Please fill out one registration form per participant)

**Name:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

1) Please tell us briefly why you are interested in the CERT Program:  
\_\_\_\_\_

2) Please list any previous training in emergency preparedness, first aid and/or safety you have participated in (previous training is **not** required);

<u>Course Title</u>	<u>Date Completed</u>
_____	_____
_____	_____

3) Please list any previous experience in emergency preparedness and/or emergency response you have had (previous experience is **not** required):  
\_\_\_\_\_  
\_\_\_\_\_

4) How did you find out about our CERT Program? (please circle/fill out all that apply)

Brea Line                      City of Brea Website                      City of Brea Cable Channel

Placentia Quarterly      City of Placentia Website                      City of Placentia Cable Channel

Newspaper (name of paper): \_\_\_\_\_ Friend/neighbor/co-worker

Church (please specify): \_\_\_\_\_ Other: \_\_\_\_\_

X \_\_\_\_\_  
**Signature** **Date**

Return to:  
City of Brea, Attn: Lisa Keyworth  
1 Civic Center Circle  
Brea, CA 92821  
[lisak@cityofbrea.net](mailto:lisak@cityofbrea.net)  
714-990-7622

**CITY OF BREA COMMUNITY EMERGENCY RESPONSE TEAM (CERT) PROGRAM  
ASSUMPTION OF RISK AND WAIVER AND RELEASE OF LIABILITY**

In consideration of being permitted to participate in the Community Emergency Response Team (CERT) Program ("Program") sponsored by the City of Brea, the undersigned adult does hereby agree as follows:

I recognize that participation in the Program will require my physical labor and will involve a risk of serious or fatal injury, and may cause physical and/or emotional discomfort. I further recognize that there are natural and manmade hazards, environmental conditions, diseases and other risks which, in combination with my actions, may cause injury to me. Knowing these risks, I nevertheless expressly assume all risks which may be associated with or may result from my participation in the Program, including, but not limited to, transportation to and from Program sites, extinguishing small fires, providing disaster medical care (e.g. controlling bleeding, treating shock, treating sprains and fractures, opening airways, transporting patients, etc.) performing light search and rescue activities (e.g. cribbing and leveraging, victim extrication transportation, etc.) and other similar activities. I hereby truthfully represent that I am free from any known heart, or other serious health problems that could prevent me from participating in any of the Program activities. I further state that I am sufficiently physically fit to participate in the Program activities.

I recognize that upon successful Program completion, I will be covered by provisions of the California Emergency Services Act ("Act"), while performing official disaster response activities for the City of Brea, and that my exclusive remedy for injury I incur as a result is workers compensation and medical benefits. I certify that I have medical insurance sufficient to cover the cost of any emergency or other medical care that I may receive for an illness or injury that is not covered under the Act, and agree that if I do not have medical insurance, I will be personally responsible for the cost of any emergency or medical care I receive that is not covered under the Act. To the maximum extent permitted by law, I hereby release, in advance, the City of Brea, its elected officials, officers, employees, agents, contractors, and volunteers ("City Parties") from all liability for the cost of any emergency or medical care that I receive while, or as a result of, participating in the Program.

To the maximum extent permitted by law, and on behalf of myself, my heirs, estate, assigns, and successors, I further release in advance and agree to indemnify the City Parties and all other Program sponsors and their staff, officers, officials, representatives, agents, affiliates, directors, servants, volunteers and employees, with respect to any and all liabilities, claims, demands, and causes of action of any kind, for any loss, damage, injury, illness, cost, or harm of any kind occurring to me and arising out of my participation in any of the Program related activities.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND UNDERSTAND AND AGREE THAT BY SIGNING, I AM GIVING UP IMPORTANT LEGAL RIGHTS.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_