WAIVER, RELEASE AND COVENANT NOT TO SUE

READ CAREFULLY BEFORE SIGNING

I, the undersigned _____ _____ hereby certify and declare that I am in all respects a competent person over the age of eighteen years; and that, in consideration of the valuable benefits to be acquired by me from participating in a CERT Program of the Salem Fire Department of the City of Salem, I do hereby, without reservation, waive, release, acquit and forever discharge the said City of Salem, its officers, agents and employees from any and all suits, claims, demands or assertions of liability of any nature whatsoever, for personal injuries, property damage, injury to incorporeal interests, or other like damages occasioned by, arising from or otherwise connected with my participation in the said program; and do hereby covenant that no action at law or suit in equity shall ever be brought against the said City of Salem, its officers, agents or employees on account of any matter hereinabove set forth. **EXCEPTION:** This waiver and covenant not to sue shall not operate to release or waive any claim or right of action against an officer, agent or employee of the City of Salem in his personal capacity for personal injuries intentionally and unlawfully inflicted by such officer, agent or employee.

I further declare that I am aware of the activity contemplated and of the hazards connected therewith; understand that I may be a passenger in vehicles operated by City of Salem employees; and understand that I will be a guest and not a passenger for hire or other consideration.

I further authorize the person in charge to secure any necessary emergency medical services in the event that such are necessary and I am unable to make conscious and competent decision as to my need therefor. I further agree to pay for such services and to save the City of Salem and its employees harmless therefrom.

The provisions of this instrument shall be binding on my heirs, executors, successors and assigns.

_____

Signature

Address _____

Phone _____ _____

(Home) (Business)

_____

(Person to contact in case of emergency)

Address _____

Phone _____ _____

(Home) (Business)

Date _____
Of
Event/Program

Form 510