

Personal Emergency Preparedness Registration

Section A (Over age 14 only please, no childcare provided)

Name _____ Home Phone Number _____
 Address _____ Work Phone Number _____
 City/ZIP _____ E-mail _____
 Emergency Contact Name _____ Emergency Phone Number _____

Section B

Participant's Name	Activity Title	Program Fee
	PEP Course, Thurs. October 4 - 6:30 to 9:30 PM	FREE*
	PEP Course, Wed. November 14 - 6:30 to 9:30 PM	FREE*
	PEP Course, Sat. January 12 - 9:00 AM to Noon	FREE*
	PEP Course, Wed. February 13 - 6:30 to 9:30 PM	FREE*
	PEP Course, Sat. March 8 - 9:00 AM to Noon	FREE*

* Free to Residents of Oak Hill and Westlake Fire Districts. Non-Residents are charged a \$10 nominal fee.

Section C

In consideration for the acceptance of my application for participation in or presence at Personal Emergency Preparedness (PEP) Training activities, I HEREBY WAIVE, RELEASE, DISCHARGE, AND HOLD HARMLESS the Oak Hill and West Lake Fire Departments, Travis County Emergency Services District No. 3, and Travis County Emergency Services District No. 9, their agents, representatives, officers, commissioners, volunteers, and employees FROM AND AGAINST ANY AND ALL LIABILITY FOR ANY LOSSES OR DAMAGES WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, LOSSES OR DAMAGES FOR PERSONAL INJURY, INCLUDING DEATH, OR PROPERTY DAMAGE THAT ARISES FROM, IS RELATED TO, OR IN IS ANY WAY CONNECTED WITH, MY PARTICIPATION OR PRESENCE IN THE PEP TRAINING COURSE, EVEN THOUGH THAT LIABILITY MAY BE THE RESULT OF, OR HAVE ARISEN FROM, THE ACTS OR OMISSIONS, INCLUDING NEGLIGENCE AND INTENTIONAL ACTS, OF THE PERSONS OR ENTITIES MENTIONED ABOVE AND HEREIN RELEASED.

Furthermore, I assume all responsibility and agree to fully indemnify and hold harmless the Oak Hill and West Lake Fire Departments, Travis County Emergency Services District No. 3, and Travis County Emergency Services District No. 9 for any loss, damage or injury, of any kind or nature whatsoever, to myself or my property which may have been caused by the acts or omissions, including negligence or intentional acts, of any person connected in any way with the aforementioned program. I understand that the Oak Hill and West Lake Fire Departments, Travis County Emergency Services District No. 3 and Travis County Emergency Services District No. 9 does not warrant or guarantee the construction, condition, or safety of the facilities or any equipment used during the course of the PERSONAL EMERGENCY PREPAREDNESS (PEP) TRAINING and that this Release and Assumption of Risk Agreement is to be binding on me, my heirs and assigns. I/we agree to allow use of my/our photograph for program publicity. I HAVE READ THE ABOVE, UNDERSTAND ITS MEANING AND VOLUNTARILY SIGN IT. PARENT OR LEGAL GUARDIAN MUST SIGN FOR PARTICIPANTS UNDER 18 YEARS OLD (proof of age may be required).

Date _____ Signature of Participant/Signature of Parent or Legal Guardian if participant is under 18 years old _____

Register by calling 512-288-5534– Ext 100, emailing PEP@oakhillfire.org, faxing the Form to 512-288-5844, delivering or mailing form to 4111 Barton Creek Blvd, Austin, TX 78735. Please bring signed form if calling in or emailing to register.

Each Class is limited to 25 people.

For Office Use Only

Date received _____ Date processed _____ Problem letter mailed/faxed _____ Confirmation mailed/faxed _____
 Received by _____ Processed by _____ Problem letter mailed by _____ Confirmation mailed by _____