



KODIAK ISLAND SEARCH AND RESCUE

PERMANENT WAIVER AGREEMENT

I, _____ do hereby acknowledge the following:

1. that Kodiak Island Search and Rescue, Inc., is a non-profit corporation formed for the purpose of assisting persons lost or in distress in the wilderness;
2. that membership in Kodiak Island Search and Rescue confers the benefit of training, in rescue and search techniques including, but not limited to, mountain climbing, rappelling, and ice climbing;
3. that search and rescue effectiveness often requires land, sea, and air travel in unfavorable and dangerous weather and light conditions;
4. that the activities of the organization often involve inherent danger to the life, limb, and property of organization members.

WHEREFORE, in consideration of the above and being admitted to membership in Kodiak Island Search and Rescue, I AGREE for myself, my heirs, executor, administrators, and assigns to the following:

1. that I expressly assume the risk of danger to my life, limb, or property arising from all activities engaged in by myself with Kodiak Island Search and Rescue, Inc.;
2. that neither Kodiak Island Search and Rescue, Inc., nor any of its officers or members shall be held liable for any negligence implied or otherwise, or personal injury, or death, or property loss or damage suffered or sustained by myself in connection with or arising out of or resulting from any organization activities;
3. that it is my express intent and purpose to bind myself, my heirs, executors, administrators, and assigns by executing this agreement;
4. that it is my understanding that the provisions stated above shall constitute a PERMANENT WAIVER of all rights of action arising from and during my membership in Kodiak Island Search and Rescue Inc..

Printed Name: _____

Signature: _____ Date: _____



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APPLICATION FOR MEMBERSHIP

Name: _____ DOB: _____

Physical Address: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Employer: _____

Occupation: _____

Emergency Contact Name and Phone: _____

Medical History (mark a check if condition exists):

Severe Headaches_____, Hay Fever_____, Asthma_____, Heart Trouble_____,
Dizziness or Fainting Spells_____, Vision Impairment (except glasses)_____,
High or low blood Pressure_____, Stomach Trouble_____, Epilepsy_____,
Kidney Stones _____, Sugar or Albumin in Urine_____, Drug Habit_____,
Attempted Suicide_____, Heavy Drinking Habit_____, Motion Sickness Requiring Drugs_____,
Military Medical Discharge_____

Physical Condition: _____

Physical Restrictions (if any): Yes_____ No_____

If "yes" please explain: _____

Blood Type (If known): _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

TRAINING INFORMATION

CPR: _____ Date of Class: _____

First Aid: _____ ETT: _____ EMT: _____ WFR: _____ WFA: _____ Other: _____

Other Current Certificates: _____

Other training which may be valuable to the Search and Rescue Team (i.e., technical rope rescue, wilderness survival, etc.): _____

I hereby certify that all the information given herein is current and truthful to the best of my knowledge; furthermore, I agree to follow, if accepted, all rules, regulations, and bylaws set forth by this organization.

Signature: _____ Date: _____