



# 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..

SIGNED \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

WITNESS \_\_\_\_\_ WITNESS \_\_\_\_\_

SWORN AND SUBSCRIBED before \_\_\_\_\_ a Notary Public for the state of Alaska, this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_



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## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Medical History (check if condition exists):

Severe Headaches \_\_\_\_\_ Hay Fever \_\_\_\_\_ Asthma \_\_\_\_\_ Heart Trouble \_\_\_\_\_

Dizziness or Fainting Spells \_\_\_\_\_ Eye Trouble (except glasses) \_\_\_\_\_

High or low blood Pressure \_\_\_\_\_ Stomach Trouble \_\_\_\_\_ Epilepsy \_\_\_\_\_

Kidney Stones \_\_\_\_\_ Sugar or Albumin in Urine \_\_\_\_\_ Drug Habit \_\_\_\_\_

Nervous Trouble \_\_\_\_\_ Attempted Suicide \_\_\_\_\_ Heavy Drinking Habit \_\_\_\_\_

Motion Sickness Requiring Drugs \_\_\_\_\_ Military Medical Discharge \_\_\_\_\_

Physical Condition: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Physical Restrictions (if any): Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please explain: \_\_\_\_\_

Blood Type (If known): \_\_\_\_\_

### TRAINING INFORMATION

CPR: \_\_\_\_\_ Date of Class: \_\_\_\_\_

First Aid: \_\_\_\_\_ ETT: \_\_\_\_\_ EMT: \_\_\_\_\_ Other: \_\_\_\_\_

Other Current Certificates: \_\_\_\_\_

Other training which may be valuable to the Search and Rescue Team (i.e., heavy 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_