



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 _____ 201__.



KODIAK ISLAND SEARCH AND RESCUE

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: _____