

PEMIGEWASSET SEARCH & RESCUE TEAM
ACTIVE MEMBER APPLICATION

Applicant Name: _____ **Date Submitted:** _____
(First - Middle - Last)

DOB: _____ Age: _____

Mailing Address: _____

Physical Address: _____

Phone: (Cell) _____ (H) _____ (Work) _____

E-Mail: _____

Emergency Contact:

Name: _____ Relation: _____

Address _____

Phone: (H) _____ (W) _____ (Cell) _____

1. Do you have a valid driver's License? YES NO License # : _____
2. Do you have any previous search & rescue experience? NO YES-Describe:

3. Are you an experienced hiker? YES NO Years of experience: _____
4. Are you an experienced climber? YES NO Years of experience: _____
5. Are you an experienced ice climber? YES NO Years of experience: _____
6. Are you an experienced winter hiker? YES NO Years of experience: _____
7. Are you willing and able to attend SAR operations at most any time (excluding actual working hours)? YES NO
8. Do you have emergency medical training? YES NO Certification: _____
9. Do you have a valid CPR certificate? YES NO Type: _____
10. Are you physically capable to actively participate in search & rescue operations? YES NO

Date of last physical: _____ Physician: _____

Height: _____ Weight: _____ List Any Physical Limitations:

11. List any emergency services that you are currently affiliated with:

12. List any skills that may be of interest to PVSART.

13. Have you ever been convicted of a misdemeanor or felony criminal offense? YES NO
If yes, attach sheet with details.

14. Do you grant permission for a criminal and driving record check to be completed? YES NO

15. Pictures of PVSART activities, which often include identifiable images of individual members, are regularly used in public presentations, as well as on websites, in e-mails, newspapers, brochures and any other medium for educational, promotional, fund raising, informational or other purposes approved by the Board. Your participation in any PVSART activity grants your permission for these images to be used.

Please check box and initial next to it: _____ Photo use policy acknowledged.
Initials

16. Character References:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

17. **Clothing Information:** Waist size: _____ Inseam: _____

Shirt Size: Neck: _____ Tee Shirt: _____

I acknowledge receipt of the PVSART By-Laws and Standard Operating Guidelines and that I have read and understand them and that I agree to be governed by them as it relates to PVSART. I certify that the above is information accurate. I recognize that if I knowingly provided misinformation that it would be grounds for immediate dismissal.

Signature Date

Application must be submitted with:

1. Non-refundable first year dues of \$10.00 (cash or check made payable to PVSART non-prorated)
2. Signed PVSART Waiver of Liability, Assumption of Risk, Indemnity Agreement form

Mail to:
PVSART
P.O. 1239
Lincoln, NH 03251

PVSART USE ONLY: Rec'd by Secretary: _____	
<input type="checkbox"/> Dues sent to Treasurer	_____
<input type="checkbox"/> Copy of application to team captain	_____
<input type="checkbox"/> Liability waiver received	_____
<input type="checkbox"/> SOG and/or Capt. Meeting	_____
<input type="checkbox"/> Qualifying hike	_____
<input type="checkbox"/> Board action: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Revised: 06/2016

Name: _____

Pemigewasset Valley Search and Rescue Team

WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT

Waiver: In consideration of being a member of the Pemigewasset Valley Search & Rescue Team (hereafter "PVSART") and being permitted to participate in any PVSART Activity, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Pemigewasset Valley Search & Rescue Association, its board of directors, officers, employees, volunteers and agents from liability from any and all claims including the negligence of Pemigewasset Valley Search & Rescue Association, its board of directors, officers, employees, and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in PVSART Activities.

Assumption of Risks: Participation in PVSART Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid any injury or damages to personal property. I know, understand, and appreciate these and other risks that are inherent in PVSART Activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks and recognize that PVSART does not provide insurance coverage to its members and that PVSART will not be legally liable for any such injury or damage.

Indemnification and Hold Harmless: I agree to INDEMNIFY AND HOLD Pemigewasset Valley Search & Rescue Association, its board of directors, officers, employees, volunteers, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my errors or omissions related to my involvement in PVSART Activities and to reimburse PVSART for any such expenses incurred.

Severability: The undersigned expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be broad and inclusive as is permitted by the law of the State of New Hampshire and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, I fully understand its terms, and understand that I am giving up substantial rights, including my right to sue Pemigewasset Valley Search & Rescue Association, its board of directors, officers, employees, volunteers and agents. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signed this _____ day of _____ 20_____.

Member signature: _____

Witness signature: _____