

PEMIGEWASSET SEARCH & RESCUE TEAM
ACTIVE MEMBER APPLICATION

Applicant Name: _____ **Date Submitted:** _____

(First - Middle - Last)

DOB: _____ Age: _____ Social Security #: _____

Mailing Address: _____

Physical Address: _____

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

E-Mail: _____ Do you check regularly: YES NO

Emergency Contact:

Name: _____ Relation: _____

Address _____

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

1. Do you have a valid driver's License? YES NO License # : _____

2. Do you have any previous Search & Rescue experience? YES NO
If 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. Can you attend search & rescue field operations during daytime 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: _____

List Any 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 criminal offence? YES NO

If yes, briefly state the particulars: _____

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

15. Do you grant permission for your picture without name to be posted in the Photo Gallery Section and your picture and name in the protected member only section of the PVSART Web Site? YES NO

15. **Character References:**

Name	Address	Phone

16. **Clothing Information:** Jacket: _____ Waist size: _____ Inseam: _____
Shoe size: _____ Shirt Size: _____ Neck: _____ Sleeve: _____ 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

Please submit application with:

- Annual dues of \$10.00 (cash or check made payable to PVSART non-prorated)
- Signed PVSART Waiver of Liability, Assumption of Risk, Indemnity Agreement form

Mail to:

PVSART
P.O. Box 595
Franconia, NH 03580

PEMIGEWASSET VALLEY SEARCH & RESCUE TEAM
WAIVER OF LIABILITY, ASSUMPTION OF RISK, IDEMNITY AGREEMENT

Member's Name: _____

Please Print

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 _____ 200_.

Witness

Signature of Member of PVSART