



Dona Ana County Search & Rescue Association, Ltd.
3200 Arrowhead Rd.
Las Cruces, NM 88011

APPLICATION FOR TEAM MEMBERSHIP

(Please Print)

Membership Status: New/Probationary ___ Operational ___ Supporting ___

Contact Information Primary

Name: _____ Phone: _____ Email: _____

Home Address:

Mailing address, if different: _____

Other phone number(s) & type(s): _____

In Case of Emergency (ICE) Contact

Name: _____ Phone: _____

Address: _____

Vehicle Information

Do you have a vehicle available for transportation to missions or training purposes? _____

Type of vehicle: _____ 4WD? _____

Personal Information

Over 18 years old? Yes No

VOLUNTARY INFORMATION: Do you have any known allergies to foods, drugs, medications, insect bites, or any condition which might affect your performance during missions or training activities that you wish to share: _____

Contact physician: _____ Telephone: _____

Qualifications, Training & Experience: ICS 100 Completed: ___ ICS 200 Completed: ___

Briefly describe prior Search and Rescue experience - Wilderness activities (hiking, camping, climbing, hunting) - medical trainings or certifications (First Aid, CPR, First Responder, EMT, etc.) – and Other Relevant Skills or Resources (Ham radio licensing, radios, ATV, etc.):

Signature _____ Date _____

Annual Membership Fee Attached



Dona Ana County Search & Rescue Association, Ltd.
3200 Arrowhead Rd.
Las Cruces, NM 88011

RELEASE OF LIABILITY AND AGREEMENT TO HOLD HARMLESS

I acknowledge that Search and Rescue activities can test a person's physical and mental limits. This includes a potential for property damage, property loss, injury, accident, illness and even death. These risks include but are not limited to injuries or losses from actions of other people, accidents, falls, medical complications, dehydration, weather, temperature, and/or natural or unnatural conditions.

I certify that I am physically and mentally fit for participation in the activities of Dona Ana County Search & Rescue, Ltd. (DACSAR) and have not been advised otherwise by a physician or qualified medical person. I acknowledge that my participation may be limited based on the assessment of the incident commander or team leader(s) despite this certification of physical fitness. I understand that I may be involved in activities including, but not limited to hiking, search and rescue activities and other physical activity. I acknowledge that I may decline to participate in any activity and that participation is voluntary. I assume full responsibility for personal injuries, accidents, or illness, including death. I also assume responsibility for damage or loss of my private property as the result of any accident that may occur.

I consent to receive emergency medical aid or treatment, in the event of injury or illness while participating in any activity associated with DACSAR.

I recognize that DACSAR may find it necessary to terminate any activity due to forces of nature, medical necessity, or other problems and/or terminate the participation of any person judged to be incapable of meeting the rigors or requirements of participation in the activity. I accept the team leader's right to take such actions for the safety of myself or other participants.

I hereby do release DACSAR, Ltd. and its board, officers, agents, and volunteers from all liability with respect to me. I waive any claim for damage arising from any cause whatsoever, except for claims which are the result of gross negligence of the party or parties released herein. I further agree to defend and hold DACSAR harmless from any negligence caused or alleged by my activity for which I am responsible.

Name (printed): _____ Age: _____

Signature: _____ Date: _____