

Doña Ana County Search & Rescue Association, Ltd.
PO BOX 593
Las Cruces, New Mexico 88004



TEAM MEMBERSHIP APPLICATION

RELEASE OF LIABILITY/AGREEMENT TO HOLD HARMLESS, AND EQUIPMENT POLICY

Hand-deliver to an officer or email to: DACSARSecretary@gmail.com & DACSARNewMemberLiaison@gmail.com

Membership: New/Probationary Operational Supporting
 Visitor/Guest

Applicant/Participant Information (Please Print Clearly)

Name: _____ Primary Phone: _____

Address: _____

Mailing address, if different: _____

Email: _____ Other phone number/type: _____

In Case of Emergency (ICE) Contact

Name: _____ Primary Phone: _____

Address: _____

Vehicle Information

I have a vehicle suitable for transportation to missions or training

Make: _____ Model: _____ Year: _____ 4WD

Qualifications, Training & Experience:

Over 18 years old **ICS 100** **ICS 200**

(*Please attach ICS 100/200 certificates)

Professional/military SAR Experience

Ham Radio

Volunteer SAR Experience, including K9

UTV/ATV

NASAR Sarteck: I II III

UAS/Drones

FA/CPR or WFA

Recreational hiking and/or camping

FR or WFR

Climbing Hunting and/or fishing

EMT / other licensed Medical Professional

Other Public Service/Related Profession: _____

Voluntary Personal Information

Allergies/conditions (e.g. foods, drugs, medications, insect bites) that may affect your ability to participate:

Contact physician: _____ Telephone: _____

Annual Membership Fee (\$20): **Attached to Application** **Paid online**

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RELEASE OF LIABILITY/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 Association, 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 activities. 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 (collectively referred to as DACSAR) 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.

RADIO AND OTHER TEAM-OWNED EQUIPMENT POLICY

I understand that I may be held liable for the replacement cost of team-owned radios and other equipment, if lost or damaged as a result of my personal negligence, as determined by a majority agreement of the DACSAR Officers. The replacement cost will be based on the cost at the time of loss for the same or similar radio/equipment as determined by the DACSAR Officers. I further understand that certain radio frequencies I may access through SAR activities may not be public and unauthorized use and/or distribution is prohibited; therefore, all frequencies are treated as confidential and I will not use or distribute SAR operational frequencies unless authorized to do so in writing.

Applicant Name (printed): _____ Age: _____

Applicant Signature: _____ Date: _____

For Minor Participants, aged 16-18 years participating in training only
(Minors must be accompanied by parent/guardian)

Parent/Guardian Name (printed): _____ Age: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number/email: _____