

2013/2014

Membership Application

Socorro Search and Rescue

Last Name: _____ First Name: _____

Email: _____ Campus Box #: _____

Cell Phone: _____ Carrier: _____

Work Phone: _____ Ham Callsign: _____

Mailing Address: _____

Home Address: _____

Work Address: _____

Vehicles: _____

Medical Certifications: _____

SAR Related Training: _____

Other: _____

Physical Limitations: _____

Medical Allergies (include level of severity): _____

Emergency Contact:

Last Name: _____ First Name: _____

Phone: _____ Relation _____

I will be responsible for any and all damage to my vehicle and other property while on Socorro Search and Rescue Team activities. I do these things entirely on my own initiative, risk and responsibility. I do hereby for myself, my heirs, executors, and administrators, release and forever discharge Socorro Search and Rescue Team, its directors, members, officers, and agents, from any and all claims, demands, actions, or causes of action, on account of my death or injury, or for damage to my personal property, as a result of my participation in Socorro Search and Rescue Team activities.

I attest that all the information provided by me on this application is true and correct to the best of my knowledge, acknowledging that providing false or fictitious information may result in my immediate dismissal from the organization upon discovery of such.

I understand and fully agree to the above:

Signed: _____ Date: _____