APPLICATION TO THE
Appalachian Search & Rescue Conference
AND RELEASE OF LIABILITY

I hereby apply for acceptance as a volunteer with the Appalachian Search & Rescue Conference (hereinafter the Conference).

I understand that in doing so I may be asked to participate in training and/or search and/or rescue incidents and/or tasks (hereinafter events) anywhere in the world to serve in a potentially dangerous, chaotic, life-threatening situation wherein my personal safety cannot be guaranteed. I understand that I am subjecting myself to situations that may encompass a variety of natural and man-made disasters and/or events in which I may be subject to illness, injury or death. I understand that these situations may lack proper water, food, shelter, sanitation and medical care. I further understand events may expose me to death or disability caused by diseases, direct and indirect assault by humans and wild beasts, attacks by venomous creatures, exposure to environmental hazards (including but not limited to fires, high temperatures, flash floods, swift water, mud slides, landslides, rock slides, blizzards, ice storms, snowstorms, bitterly cold temperatures, tornadoes, high winds, lightning strikes, hazardous plant life, etc.), electrical shock, serious or deadly falls, hazardous terrain, and injury or death from a technical rescue system failure. I understand that all the modes of transportation available to me may pose a risk both at the event and transportation to and from the event. I understand that I may be subject to unusual emotional and psychological stress that may occur at the incident or long after the incident. I further understand that any appointment of a safety officer or other officer responsible for safety or the creation of a safety rule or regulation shall not be construed to be an indication that the Conference is liable for my personal safety. Accordingly, I also realize that I may refuse any event for any reason and I may refuse, alter, or abort any task when I feel I have received an inadequate briefing, inadequate training, inadequate sleep, possess inadequate physical strength, or do not feel that the event is safe. Finally, I realize that the information available to those briefing me may be incorrect or inadequate.

I understand the Conference will not provide insurance for me of any sort, whether disability, accident, medical, life or any other form of insurance. I understand that I will receive no pay for my services and may not receive reimbursement for my out-of-pocket expenses.

Nevertheless, I willingly volunteer to engage in such hazardous activities under often difficult conditions knowing that I may be exposed to life-threatening situations.

As a consequence and in consideration of the privilege of training and participation with the group, I hereby assume all of the above mentioned risks, and will hold the Conference harmless from any and all liability, actions, causes of actions, deaths, claims, demands of every kind and nature whatsoever, whether in tort in contract or in any other legal theory, which may arise from or in connection with my participation as a volunteer with the Conference. In doing so I similarly release the officers, directors, agents and membership of the Conference. The terms of this release shall serve as a release and assumption of risks for my heirs, executor and administrators and for all those dependent upon me.

I state that I am of legal age and competence according to the laws of the jurisdiction in which I reside and certify that I have read and understand the above. If I am married, my spouse joins in this release as evidenced by my spouse’s signature below. If I am a minor my parent or legal guardian joins in this release as evidenced by the signature below.

Dated this ........, day of ........................................ 20 ........

in (city or county) ........................................................................., state or Commonwealth of .................................................................

applicant printed name and signature .................................................................

spouse or parent or legal guardian .................................................................

printed name and signature ........................................................................

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