



# Portland Mountain Rescue Associate Membership Application

[Revised 3/28/10]



*Complete and print using Adobe Acrobat Reader 5.0 or higher. Sign and date and follow mailing instructions.*

## I. Important Information [Required]

### *Personal Information*

Name (First/Middle/Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

Fax number: ( ) \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

### *Emergency Contacts*

Does the main emergency contact have legal authority to act in your behalf? Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### *Relevant Personal Medical Information (e.g. Allergies, Hypersensitivity to Bee Stings, etc.) – Voluntary:*

Blank area for providing relevant personal medical information.

## II. Motivation for Joining PMR (Required)

*Please describe your motivation for joining Portland Mountain Rescue:*

## III. Search and Rescue Training and Experience

### Search and Rescue (SAR):

List your prior Search and Rescue training and/or experience, if any.  
Please include dates, locations and name(s) of SAR unit(s).

**IV. Other Certifications or Licenses** [Required]

*Please list any other relevant certifications and licenses, if any:*

**V. Non-Mountaineering Skills**

*Please describe any non-mountaineering skills or resources you wish to make available to PMR:*

**VI. Applicant Statement of Truth and Accuracy** [Required]

*Please complete this section and move on to the Section VII – Waiver of Liability (next page):*

By my signature below, I hereby verify that the information I provided in this application is true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_ (Please print legibly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VII. Waiver of Liability (Required)

I understand that search and rescue (SAR) operations and training are activities that involve many dangers and I accept and assume the inherent risks associated with such activities. The risks that I expose myself to by participating in these SAR operations and training include, but are not limited to, burial in snow, becoming lost, hypothermia, frostbite, over-exertion, avalanche, falling objects (including rock), and injury by falling or others falling. I fully understand that it is my responsibility to become knowledgeable, stay constantly alert for dangers to others and myself.

I certify that I am over the age of 18 and in suitable physical condition to withstand the rigors of SAR operations and training. I further understand that it is my responsibility to become and remain physically fit. In the course of search and rescue operations I acknowledge that it is possible that I may come in contact with blood borne diseases including but not limited to hepatitis and HIV, or diseases which may be transmitted through contact with other bodily fluids or tissue. It is solely my responsibility to consult with my physician to: (i) learn about the risks to which I may be exposed as a result of PMR activities and appropriate vaccinations, if any, to reduce the risk of infection, (ii) evaluate whether I have the appropriate fitness level for such activities and (iii) take (or decline to take) the advice of my physician with respect to such matters.

I personally accept all the risks, whether known to me or not, and hereby, for myself, my family and heirs and administrators, waive and release any and all rights and claims for damages I may have against Portland Mountain Rescue (PMR) or the Mountain Rescue Association (MRA), or any of the respective members, officers, Board of Directors, and agents or representatives, because of any and all injuries suffered by me while participating in SAR operations or training or travel to and from same. In case of accident, illness or other incapacity, I understand that I must pay my own medical and/or evacuation expenses, whether or not authorized by me. I agree to fully indemnify and hold harmless PMR and its members, officers, Board of Directors, agents and representatives for all of its costs, expenses, and damages arising from or attributable to any claims or actions I might make or bring against PMR which have been specifically released by me in this document.

I agree that in the event any part of portion of this Release from Liability is found to be void or unenforceable, then such part or portion will be stricken but the rest of this document will be given full force and effect.

I have read and fully understand the above:

Print Name: \_\_\_\_\_ (Please print legibly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Failing to sign Sections VI and VII will render the application void.**

**Additional instructions are available on the PMR website at <http://www.pmr.org>.**