



Multnomah County Sheriff's Office Search and Rescue
4325 NE Marine Dr. Portland, OR 97218
(503) 988-6788



Contract of Responsibility and Waiver

I know and understand that participation in sanctioned events with Multnomah County Sheriff's Office Search & Rescue is potentially hazardous. I will not participate in Search and Rescue activities unless I am medically capable and properly trained. I will voluntarily examine all risks associated with participating in this organization, including, but not limited to, falls, contact with other individuals, effects of weather (including extreme temperatures or conditions), traffic contact with motor vehicles of all types and descriptions, and all other risks known and appreciated by me. I assume the risk of all dangerous conditions during Search and Rescue activities and waive any and all specific notice of the existence of such conditions and I will assume and pay my own medical and emergency expenses in the event of accident, illness, or other incapacities as a result of my negligence.

Having read this waiver and knowing these facts and in consideration of my membership acceptance, I, for myself, and anyone acting on my behalf, waive and release Multnomah County Sheriff's Office, Multnomah County Sheriff's Office Search and Rescue, all sponsors, officials, employees, and agents from claims of liabilities of any kind arising out of my participation in this event, including damage or loss to my person and property which may be caused by any act, or failure to act, by the above persons and entities. I also understand and agree that any sponsor may subsequently use, for publicity or promotional purposes, my name or pictures of me participating in Multnomah County Sheriff's Office Search & Rescue operations without liability or obligation to me.

Applicant's Name (please print): _____

Applicant's Signature: _____

Date: _____



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Flight Release

I understand I may be required to fly in an aircraft operated by the Armed Forces of the United States, or certified for commercial use, in relation to a Search and Rescue Operation authorized by an Oregon Sheriff's SAR Coordinator.

I understand this is a voluntary task that is done entirely upon my own initiative, and I accept all risk and responsibility.

Therefore, I relieve Multnomah County Sheriff's Office, Multnomah County Sheriff's Office Search and Rescue, the agency providing the flight, the authorizing Sheriff, and all employees and volunteers of these agencies of any liability, claims or actions resulting from injury or death, which may occur on these flights.

Applicant's Name (please print): _____

Applicant's Signature: _____

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Photo waiver

I understand that my photograph and/or name may be used in publications such as local newspapers, magazines, television news and radio broadcasts; and social media networks such as Facebook and Twitter.

I also understand that my general information (name, phone number, etc.) will be available on a password protected Internet site. The Internet site is intended for Search and Rescue personnel only. Access will only be given to authorized personnel.

Applicant's Name (please print): _____

Applicant's Signature: _____ Date: _____



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Medical Record

Full Name: _____ Date of Birth: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

Emergency Contact One: _____

Daytime Telephone: _____ Evening Telephone: _____

Other Contact Numbers (please specify): _____

Relationship: _____

Emergency Contact Two: _____

Daytime Telephone: _____ Evening Telephone: _____

Other Contact Numbers (please specify): _____

Relationship: _____

Medical Insurance Company: _____

Insured Person's Name: _____

ID Number: _____

Group or Plan Number: _____

Hospital Preference (if applicable): _____

Primary care provider (if applicable/optional): _____

I, _____, give consent for the MCSOSAR Advisor or the Deputy Sheriff in charge of a sanctioned event or search mission to approve needed emergency medical treatment for my injuries.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____



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Health History

Name: _____

Height (ft & in): _____ Weight (lbs): _____

Eye Color: _____ Hair Color: _____

ALLERGIES	NO	YES	If yes, what?
Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insects	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plants	<input type="checkbox"/>	<input type="checkbox"/>	_____

If yes, explain reaction(s) and medication(s) previously used to treat reaction(s):

HISTORY	NO	YES	Relevant details
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seasonal Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frostbite	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knee Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

List all medications you are currently taking, including dosage:

Immunizations: (give date of last inoculation)

Tetanus Toxoid _____ Hepatitis A _____ Hepatitis B _____

List any physical or behavioral conditions that may affect or limit full participation during searches or outings (including previous injuries and pre-existing health conditions).

I certify that the Health History provided in this application is complete and true to the best of my knowledge. I understand that I am required to have current health information on file with MCSO SAR at all times and that I am responsible for updating my health information should my health condition change.

Applicant's Signature: _____ Date: _____

