



**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: \_\_\_\_\_

Parent/Guardian's Name (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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



### 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: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Name (please print): \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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



**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: \_\_\_\_\_

Parent/Guardian's Name (please print): \_\_\_\_\_

Parent/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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



**Official School Release**

(To be filled out by those under 18 and in school)

Dear School Administrator:

We, the undersigned, legal parent or guardian of \_\_\_\_\_, hereby consent to his/her release from school upon request of the Advisor or Adult Leaders of MCSO Search and Rescue or the Multnomah County Sheriff's Office for the purpose of Search and Rescue and other emergency work. We consent to his/her release for a period of not more than two days at a time. We do not, however, grant this permission without full approval of the school authorities.

Applicant's Name (please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name (please print): \_\_\_\_\_

Parent/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

School Official's Name: \_\_\_\_\_

School Officials Position: \_\_\_\_\_

School Officials Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MCSO SAR FILE COPY  
To be returned with application



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



**Official School Release**

(To be filled out only by those under 18 and in school)

Dear School Administrator:

We, the undersigned, legal parent or guardian of \_\_\_\_\_, hereby consent to his/her release for school upon request of the advisor or adult leaders of Multnomah County Sheriff's Office Search and Rescue or the Multnomah County Sheriff's Office for the purpose of Search and Rescue and other emergency work. We consent to his/her release for a period of not more than two days at a time. We do not, however, grant this permission without full approval of the school authorities.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Class

Teacher's Signature

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SCHOOL FILE COPY**  
 To be left on file at school



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



**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: \_\_\_\_\_



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



**Health History**

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

Height (ft & in): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

<b>ALLERGIES</b>	<b>NO</b>	<b>YES</b>	<b>If yes, what?</b>
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):

<b>HISTORY</b>	<b>NO</b>	<b>YES</b>	<b>Relevant details</b>
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: \_\_\_\_\_



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



AUTHORIZATION OF RECORDS CHECK

I understand that a check of criminal history records will be made before any employment by or association with Multnomah County Sheriff's Office. I hereby authorize such check and agree that a record of conviction or pending criminal court action may exclude me from employment or association with the Multnomah County Sheriff's Office.

TYPE OR PRINT: Illegible or incomplete forms will not be processed. SUBMITTAL DATE: / /

NAME: LAST / FIRST / MIDDLE DATE OF BIRTH: / /

OTHER NAMES USED: LAST / FIRST / MIDDLE

CURRENT ADDRESS: / / CITY STATE ZIP

SOCIAL SECURITY #: PLACE OF BIRTH: CITY STATE

DRIVER'S LICENSE: STATE / NUMBER / EXPIRATION DATE PHONE #

HAIR COLOR: EYE COLOR: HEIGHT: WEIGHT:

RACE: SEX (circle one): MALE or FEMALE
A-Asian / B-African American / H-Latin American / I-American Indian or Alaskan Indian / W-Caucasian / O-Other

CURRENT OCCUPATION/EMPLOYER & PHONE:

PURPOSE FOR REQUESTING FACILITY ACCESS: Multnomah County Sheriff's Office Search & Rescue

I HEREBY AFFIRM THE ABOVE INFORMATION IS TRUE: Signature:

OFFICIAL USE ONLY

Step 1 AGENCY MANAGER/SUPERVISOR REQUESTING RECORDS CHECK (Must be completed): PRINT OR TYPE
NAME: UNIT/TITLE: FAX:

Step 2 PPDS [ ] LEDS [ ] NCIC [ ] CLASS [ ] CCH [ ] DMV [ ] SWIS [ ]
SIGNATURE & DPSST OF STAFF COMPLETING RECORDS CHECK / TITLE/UNIT / DATE

Step 3 APPROVED [ ] DENIED [ ]
SIGNATURE OF F.A.C./FACILITY COMMANDER/UNIT MANAGER / TITLE/UNIT / DATE

PS866

REVISED 08/2009