

**ALDHA  
Search and Rescue Team  
Application  
(Print)**

Last Name	First Name	M.I.	D.O.B	Age
Home Address		City	State	Zipcode
Cell Phone	Home Phone		Work Phone	
Email Address				
Trail Name				

Emergency Contact Name	Relationship
Emergency Contact Phone	Alternate Contact Phone

Vehicle (1) Make and Model	Year/Color	License #	State
Vehicle (2) Make and Model	Year/Color	License #	State

List SAR and Related Certifications with Cert agencies & expiration dates, if applicable

List Current CPR & Medical Certifications, including certifying agencies and expiration dates

Trail Clubs and Organizations
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Trails and years hiked
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Applicants Signature	Date
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**ALDHA  
Search and Rescue  
Medical Data Form**

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

Pertinent Medical History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**ALDHA Search and Rescue Team Waiver Form**

The undersigned applicant acknowledges that he/she volunteers for ALDHA's Search and Rescue Team with full knowledge that he/she volunteers of the dangerous conditions and risks associated with the activities of training for and participating in search and rescue operations. And that he/she may sustain in connection therewith.

In consideration of the privilege of participating with ALDHA's Search and Rescue Team, this applicant agrees to release ALDHA and its officers, agents, affiliates, groups, and members from any and all liability for property damage, injury, or loss of life resulting from any cause whatsoever in connection therewith.

In addition, I agree to abide by the rules and policies of ALDHA and it's Search and Rescue Team. Finally, the information given on this document is true and correct to the best of my knowledge.

Signature of Applicant:

Date: