

WAIVER OF LIABILITY

I understand that emergency service (Search & Rescue and Disaster Response & Relief) operations and training are activities that involve many dangers, and I accept and assume the inherent risks associated with such activities. I fully understand that it is my responsibility to become knowledgeable, stay constantly alert for dangers to others and myself and to decline to participate in any activity for which I am unqualified or unable to safely perform.

I certify that I am over the age of 18 and in suitable physical condition to withstand the rigors of emergency service operations and training if applicable to my specialties. I further understand that it is my responsibility to become and remain physically fit to the degree required for my particular specialties. In the course of emergency service 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 LSTF 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 LSTF, 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 emergency service 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 LSTF 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 LSTF which have been specifically released by me in this document. I agree that in the event any part or 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:

Signature: _____

DATE: _____

Printed Name: _____