

Registration Information and Policies

Participation is limited to the first 500 people with paid registration.

Please include your check of \$65.00 made payable to:

Merced County Search and Rescue

102 West Alexander Avenue

Merced, California 95348-3410

bobcraigcpa@sbcglobal.net

Fax: (209) 722-0887

CANCELLATION AND REFUND POLICY: As there will be no refunds; substitutions are allowed. Merced County Search and Rescue is a non-profit organization. If under 18 years old, the DISASTER SERVICE WORKER form must be signed by a parent or guardian. Merced County Search and Rescue does not discriminate in any of its conferences, symposia or training courses against any individual on the basis of age, sex, creed, race or national origin. Some limitations may apply because of the physical nature of search & rescue.

Faxed Registration: In order to accommodate everyone, we will be accepting registration by fax. If your registration will not be received in time please fax your forms to Phone Number (209) 722-0887. The registration forms can be downloaded and filled out on your computer. You may email your forms to bobcraigcpa@sbcglobal.net and bring your check to SAREX if you are registering late.

Alcohol: If you bring alcoholic beverages, please be responsible.

Firearms: No Firearms are allowed. No exceptions. Merced County Sheriff's Department will be handling all law enforcement issues.

Curriculum: The curriculum is still a "Work in Progress" and is subject to change.

Emergency Information: There will be emergency personnel on site for minor issues involving first aid, etc. We do require a contact phone number for a person to contact in case an emergency situation develops.

Credentials: Proof of affiliation with your government agency or team will be required at the SAREX entrance. Your ID card or letter from your agency will be sufficient.

Other Information:

Family Pets : Family Pets are not allowed; only search dogs will be admitted into SAREX 2003.

There will be a place to park your motor home or camper if you so desire. The camping and RV area will be designated as a quiet area. All meals are included in your registration fee. See menu section.

**Merced County Sheriff's Department
Mariposa County Sheriff's Department
Yosemite National Park**

RELEASE OF LIABILITY

Name of the Agency or entity you represent: _____

This form must be completed by each individual utilizing any of the facilities or attending any training or event related to SAREX 2007.

1. I hereby forever **RELEASE AND DISCHARGE** Merced County, Mariposa County, Yosemite National Park and the State of California, its employees and agents from any and all liabilities, claims, demands or causes of any action that I may hereafter have for injuries and damages arising out of participation in training activities at premises owned by Merced County, Mariposa County, Yosemite National Park and the State of California, including, but not limited to: losses caused by the passive or active negligence of the released parties or hidden, latent or obvious defects in the premises or equipment used.

2. I understand and acknowledge that activities involved in search and rescue exercises have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and I have expressly and voluntarily assumed all risks of death and personal injury sustained while participating in training activities including the risk of passive or active negligence of the released parties, or latent or hidden or obvious defects in the premises or equipment used.

3. I acknowledge that I have been given the opportunity to read the entire document. I am signing this contract voluntarily with a full understanding that by signing I have released Merced County, Mariposa County, Yosemite National Park and the State of California, its employees and agents from all liability resulting from my participation in training activities.

Inclusive Dates: September 7, 8 and 9, 2007

Printed Name: _____

Signature: _____

Parent or Guardian if under 18 years of age

Printed name of Parent or Guardian

Medical Emergency Questionnaire

If you are injured while on duty, this information will be given to responding medical emergency professionals so that they can treat your injury or illness more effectively. This information will be kept in the possession of the team EMT and will not be used for any other purpose or given to anyone else, for any reason. If you do not wish to participate, please check the box below, sign the form and turn in with registration form.

Name: _____ DOB _____ Ht. _____ Wt. _____ Blood Type _____

Do you have any physical disabilities or limitations that would affect your participation

YES _____ NO _____ If yes, please explain: _____

Have you ever had any illness that would affect or limit your participation? (i.e.: tuberculosis, hepatitis, rheumatic fever, malaria) YES _____ NO _____

Have you had a serious injury that may affect or limit your participation? (i.e.: broken back, broken neck, skull fracture, amputation) YES _____ NO _____ If yes, please explain:

Have you had any surgery that would affect or limit your participation? (i.e.: back, knee, appendix, heart, gall bladder) YES _____ NO _____

Are you allergic to any medications? YES _____ NO _____, If yes, Please list _____

Do you have any other allergies? (ie: bee stings, pollens, molds) YES _____ NO _____

Are you currently taking any medications on a regular/on-going basis? YES _____ NO _____

Please List _____

Please list any and all serious medical conditions that you currently suffer from and include the treatment/medication that you are currently using for that condition: (i.e.: diabetes, epilepsy, heart condition, high blood pressure, asthma, chronic lung disease) NONE _____

Do you carry medication for these or any other condition with you? YES _____ NO _____ If yes where? (pocket, purse, pack, vehicle, locker)

Your doctor's name _____ phone _____

Emergency hospital preference _____ Religion _____

Emergency contact _____ phone _____

I Authorize The Merced County Sheriff's Department to keep this information on hand and use as needed in case of an emergency. I understand that all information will be kept confidential.

I DO / DO NOT WISH TO PARTICIPATE _____

Circle One

Signature

DATE

SAREX 2007 SHIRT ORDER FORM

Name _____

Affiliation _____

Address _____

City, State, Zip _____

Daytime Phone _____

Email _____

Sarex 2007 T-Shirts will may be purchased with registration for \$15.00 each. T-Shirts will also be available for sale on site. Please specify size and quantity.

S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

Please send your shirt order and check to:

Merced County Search and Rescue
102 West Alexander Avenue
Merced, California 95348-3410

Fax (209) 722-0887
Email: bobcraigcpa@sbcglobal.net

Thank you!