



Parent, Parents or Legal Guardian permission and Youth agreement

We (I), the undersigned, are the custodial parent/parents or legal guardian of

_____.

We (I) give our permission for our son/daughter to participate and train as a member of Ferry County Search and Rescue/Community Emergency Response Team (FCSAR). We (I) expect our son/daughter will follow the rules and standard operating procedures of the FCSAR team and follow the directions of their assigned leaders. Parent/parents or legal guardian are encouraged to help equip their youth with the required SAR equipment and assist their youth to attend all SAR meetings and training opportunities.

FCSAR trains all members to be safe and stay safe. FCSAR operates under the SAR-GAR protocols. GAR stands for Green - Amber – Red. Each color refers to a risk/hazard condition. Green for relatively safe with low risks. Amber refers to moderate risks that can be mitigated. Red means there are high risks/ hazards. The team does not deploy under Red unless the mission is very critical (missing a very young or a very old person) and the risks are mitigated as much as possible. The SAR Incident Commander will not deliberately expose a 14-17 year old team member to RED conditions.

All training and actual missions are always conducted under a WA Emergency Management Department State mission number. This means a registered emergency worker is covered under state liability insurance for injuries incurred as a result of an incident while on duty. This would include injuries or accidents traveling from home, to the training or actual mission site, during the mission and returning home as long as the route to and from are direct and does not cover out-of-the-way stops.

Revised Code of Washington RCW38.52 covers emergency workers and WAC 118-04 also covers the state emergency worker program to include training requirements. Both should be reviewed for familiarization of insurance coverage.

FCSAR will follow the Youth Protection program as outlined in the Boy Scouts of America. The FCSAR unit has developed policies covering the prohibition of adult-youth fraternization, the requirement for adult leaders to have two-deep leadership at all times and a no hazing/bullying policy.

Waiver of Liability, Assumption of Risk and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Ferry County Search and Rescue training and missions, I, for myself, my heirs, personal representatives or assigns **do hereby release, waive, discharge and covenant not to sue** Ferry County Sheriff's Office, Ferry County Search and Rescue or Ferry County, it's agents or employees of the before named agencies and organizations from any and all claims resulting in personal injury, accidents or illnesses, including death, and property loss arising from, but not limited to, participation in Ferry County Search and Rescue training and missions.

Assumption of Risk: Participation in Ferry County Search and Rescue training and missions carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from the following, but not limited to, 1) minor injuries such as scratches, bruises and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and even death.

I have read the previous paragraph and I know, understand and appreciate these and other risks that are inherent in Ferry County Search and Rescue training and missions. I hereby assert that my son/daughters participation is voluntary and they knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold harmless Ferry County Sheriff's Office, Ferry County Search and Rescue or Ferry County, it's agents or employees of the before names agencies and organizations from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Ferry County Search and Rescue training and missions and to reimburse them for any such expenses incurred.

Assurances: The undersigned has full power, authority capacity and right without limitation to execute, deliver and perform this release; provided, however, that participants under Eighteen (18) years of age must have this document signed by their parent or guardian in front of a notary public.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Binding Effect: This release and covenant contained herein shall be binding upon the undersigned and the undersigned's spouse, legal representatives, heirs, successors and assigns.

Parent/parents or guardian signing this permission document will hold FCSAR, the Ferry County Sheriff's Office and Ferry County harmless as long as the FCSAR unit is following the governing laws, regulations of the state and the standard operating procedures of the Ferry County SAR unit.

This release and covenant has been carefully and fully read by the undersigned and the undersigned fully understands its terms and conditions and has voluntarily executed and delivered this release as of this _____ day of _____, _____

Parent/Legal Guardian (To Be Notarized)

Parent/Legal Guardian (To Be Notarized)

Date Signed _____

Date Signed _____

Youth Agreement: I, the undersigned applicant, understand I will be performing training and mission assignments under the direct supervision of FCSAR leaders. I agree to follow all standard operating procedures and required safety rules as a FCSAR member. I agree to follow the directions of my FCSAR trainers, the Operations Leader and Incident Commander while on duty.

Youth Date Signed _____

Signed or attested before me on this _____ day of _____, 20_____

Notary Public in and for said County of _____,
State of _____.

Notary Public Signature
My Appointment Expires _____