

Cowboy State Volunteers Application for Membership

Full Name: _____

Address: _____

City: _____ **State:** _____

Phone number (home): _____ **(cellular):** _____

Email Address: _____

Pilot Certificate Type and number if a pilot: _____

Are you Interested in becoming a Crew Member? YES / NO

Availability:

Aircraft Type and "N" Number you will fly: _____

Are you the Owner of this Aircraft? YES / NO

If not yours, written permission of owner for its use is required to be on file with the CSV.

Insurance carrier and limits: _____

Aircraft Home Base: _____

Previous Experience in Search or Disaster Relief Operations, or other skills:

We intend on working to get training funds, but we must have members first, it is the chicken or the egg situation.

For those who have not had any search and rescue training, CSV will train you and your crew. Training will be provided free of charge, however aircraft operating costs will be at your expense for fuel and oil.

Cowboy State Volunteers Application for Membership

The attached Release must be signed and returned by every individual wanting to be a member. Being a member of the CSV is a privilege and not a right.

RELEASE

In consideration of the risk of injury while participating in flight support for search and rescue, organ transport, transport of search and rescue dogs, support for local law enforcement, disaster relief support and any other beneficial flight operation on behalf of the State of Wyoming or Military Department (The Activity), and as consideration for participating in The Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personnel representatives, knowingly and voluntarily enter into this Waiver and Release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in The Activity, and do hereby release and forever discharge The Cowboy State Volunteers, Inc. located at 1036 Fish Creek Rd, Wheatland, WY 82201-9700, their affiliates, managers, members, agents, attorneys, staff, officers, directors, volunteers, heirs, representatives, predecessors, successors, and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages economical or emotional loss, that I may suffer as a direct result of my participation in The Activity, including travel to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY WHICH MAY INCLUDE PHYSICAL OR PSYCHOLOGICAL INJURY PAIN SUFFERING INJURY, INCLUDING BUT NOT LIMITED TO ILLNESS, PARALYSIS, AND DEATH. I DO THIS OF MY OWN VOLITION.

Participant Name

Signature

Dated