

MEDICAL RELEASE FORM

MEMBERS NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____

PHYSICIANS NAME: _____
OFFICE ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____

Search and Rescue field work involves vigorous and stressful activity often including but not limited to the following:

- *Vigorous off trail hiking in all terrain and weather conditions.
- *Carrying of backpacks and equipment which may weigh as much as 75 lbs.
- *Assisting with the evacuation of patients in all terrain and weather conditions.
- *Night operations in all terrain and weather conditions.
- *Technical/semi-technical rope and belay work.
- *Patient care to the level trained.
- *Long hours, possible lack of sleep and poor nutrition.
- *Long distance driving in all weather conditions; day and night.
- *Occasionally disturbing and extremely stressful search incident results; such as suicides, traumatic deaths, injuries to children and searches suspended without locating the victim.

I _____, MD attest to the following: (please fill in one of the following three choices):

_____ (members name) is fully capable of participating in all field activities of SMRG and/or the ASRC.

_____ (MD's signature) _____ (Date)

_____ (members name) should not participate in any field activities for SMRG and/or the ASRC.

_____ (MD's signature) _____ (Date)

_____ (member's name) may participate in some of the SMRG and/or the ASRC's field activities with the following limitations:

_____ (MD's signature) _____ (Date)