

I, ______, understand the nature of the work for which I have volunteered.

Consequently, I assume all the risks related_t accomplishing the tasks that I agree to participate	hereto. I certify that I am qualified and physically capable of e in relative to search and rescue operations.
operations, I understand that I am not an agent on salary from the Commonwealth. I further understand that I am not an agent of the commonwealth o	the timent to state service. While participating in search and rescue of the Commonwealth or the Department of State Police. I receive derstand that I am not entitled to Workers' Compensation for any d rescue operations, and am expected to provide my own health
Department of State Police, their employees, age injury, loss, claims, demands, and actions of a voluntary participation with the Massachusetts S	discharge the Commonwealth of Massachusetts, the Massachusetts ents, successors and assigns from any and all liability, suits, damage, any kind and nature, arising from or in any way relating to my State Police in search and rescue operations including travel to and must obey all laws of the Commonwealth, including motor vehicle in any search and rescue operations.
I also freely grant the Department of State Policutilizing the information provided by me below,	ce or its designee the right to investigate my criminal background
This release of liability is executed freely and vincluded herein.	oluntarily, with full knowledge and understanding of the contents
Volunteer's Signature	Volunteer's Printed Name
	Phone Number
Address (Street, City, State, Zip)	
	Date of Birth
Social Security Number	Central Massachusetts Search & Rescue Team
	Team Affiliation
Date	