



Member Application and Waiver Form

Civil Air Search and Rescue Association (Ontario)

1. I, _____ hereby make application to become a member of CASARA, for the membership year, 1 April ____ to 31 March ____, in Zone _____ of CASARA Ontario.

2. Once my application has been accepted and I become a member of CASARA:
 - a. I agree to abide by all bylaws and policies of CASARA as well as all bylaws, policies, directives, and guidelines of CASARA NATIONAL.

 - b. I understand that there are both foreseeable and unforeseeable risks associated with carrying out activities as a volunteer in CASARA and I hereby signify that I willingly undertake CASARA volunteer activities. I further understand that I can refuse any and all activities associated with CASARA, and that I am under no obligation to undertake any activity or request from any person in CASARA, CASARA NATIONAL, or from CASARA NATIONAL'S sponsor, DND. Should I choose to undertake any CASARA activity, I do so freely and voluntarily of my own accord, and agree to assume all risks of injury, or death, however caused.

 - c. Neither CASARA, CASARA NATIONAL, any member of CASARA, or any member of other Member Organizations (herein referred to as "the CASARA Parties") shall be responsible for any loss, damage, personal injury or death to myself which may arise from activities in CASARA. I hereby remise, release, discharge, waive, and save harmless all CASARA members, and any director, officer, employee, agent, contractor, or representative thereof, from all liability and from all actions and causes of actions (including negligence) which may arise from my activities in CASARA.

 - d. Notwithstanding the waivers of sub-paragraphs (b) and (c), I understand that the CASARA Insurance Program provides coverage for all CASARA members and that signing this application does not have an impact on that coverage. I understand that details of this coverage are available to me, upon request.

 - e. I agree that CASARA, CASARA NATIONAL, its Employees, Servants, and Agents may record and use my personal information as needed to carry out necessary administrative matters associated with the efficient running of a national volunteer organization and authorized CASARA activities. CASARA, CASARA NATIONAL, its Employees or contractors are not to share my personal information with any other persons, agency or organizations, except as required to carry out authorized CASARA activities.

<i>Member Signature</i>	<i>Date (DD MMM YYYY)</i>
<i>Witness Signature</i>	<i>Date (DD MMM YYYY)</i>
<i>Application Approved:</i> _____ <i>Zone Commander Signature</i>	<i>Date (DD MMM YYYY)</i>



Annual Medical Self Declaration

Civil Air Search and Rescue Association (Ontario)

CASARA volunteers accept tasks that require alertness and general good health. This form allows CASARA members to declare their physical fitness for particular roles and sets the requirement that, in order to carry out authorized activities, CASARA volunteers must be free of medication that causes drowsiness or any other side effect that could interfere with their duties.

Aircrew Self Declaration

Section A

Fill this out if you are a member holding current Aviation Medical Certification issued by Transport Canada and you intend to serve as Pilot-in-Command of a civilian aircraft or as a crew member aboard civilian and military aircraft.

Medical Certificate Expiry Date:

Initials

Section B

Tick and initial if you are a member not holding a current Medical Certificate (as described above) and intend to serve as crewmember aboard civilian and military aircraft.

I HEREBY DECLARE that I am physically fit to serve as a volunteer aircrew member on authorized CASARA activities. *(If in doubt, check with a doctor that is designated as being able to perform an Aviation Medical: a Civil Aviation Medical Examiner.)*

Furthermore, I declare that:

I have normal colour vision

I have (check one)

normal vision (minimum 20/30) or,

vision corrected to a minimum of 20/30 by prescription lenses

Initials

Ground Crew Self Declaration

I HEREBY DECLARE that I am physically fit to serve as a ground crew member on authorized CASARA activities

Initials

Medical Declaration for All Members

I _____ HEREBY DECLARE that I am free from any medical condition that will produce disability without regular medication; OR that I possess the medication I may reasonably require for duties that I accept. Furthermore, I agree to either notify my Unit Director of any changes in my medical condition, OR, that I will simply withdraw my name from duties as appropriate. Furthermore, I agree that all information, or initialed corrections, on this form is accurate.

Member Signature	Date (DD MMM YYYY)
Witness Signature	Date (DD MMM YYYY)