

AZBR VOLUNTEER FORMS

Completing these three forms are required for volunteering with AZBR. Note that the Liability Waiver and SOP/ROE forms require notarization

Mail completed forms to

Arizona Border Recon, PLLC
PO Box 69
Arivaca, AZ 85601
USA



ARIZONA BORDER RECON

SASABE, ARIZONA 85633

RELEASE OF LIABILITY AND WAIVER AGREEMENT CONTRACT

BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN THE CASE OF PHYSICAL OR MENTAL INJURY, INCLUDING BUT NOT LIMITED TO ARREST, DEATH, OR PROPERTY DAMAGE OR LOSS. READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE DEMONSTRATES YOUR UNDERSTANDING OF AND AGREEMENT TO ALL OF ITS TERMS. FAILING TO AGREE TO THIS CONTRACT WILL RESULT IN YOUR NON-PARTICIPATION WITH ARIZONA BORDER RECON.

This is an agreement between the undersigned and Arizona Border Reconnaissance, PLLC (hereinafter "AZBR"), entered into on this _____ day of _____, 20_____.

I, _____ (print full name), on behalf of myself, my personal representatives, heirs, next of kin, spouse, and assigns (hereinafter "I") hereby acknowledge and agree to the following:

1. That participating in any activity in the areas around and including along the United States international border with Mexico (hereinafter "border") is an inherently dangerous activity and involves many risks that may cause me to be arrested or suffer serious injury and/or death, due to the dangers resulting from participating in any activity around or along the border. I further understand that the risks listed above are not all inclusive and that other unforeseen problems, risks and liability may arise at a later date.
2. That acknowledging and understanding these facts, and in consideration of AZBR's acceptance of my release and liability waiver, I voluntarily assume the risk and danger of, but not limited to arrest, property damage or property loss, injury or death inherent in all aspects of participating in activities with AZBR. I HEREBY RELEASE, DISCHARGE AND PROMISE NOT TO SUE AZBR, ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, VOLUNTEERS, SPONSORS AND/OR ANY SANCTIONING ORGANIZATIONS OR INDIVIDUALS (hereinafter "the Releasees"), WHETHER DOING BUSINESS UNDER THEIR OWN NAME OR ANY OTHER NAME, FOR ANY LOSS, INCLUDING BUT NOT LIMITED TO ARREST, LIABILITY, DAMAGE, OR COSTS WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, ARREST, DAMAGE, OR INJURY, (INCLUDING DEATH) TO MY PERSON OR PROPERTY CAUSED BY OR ARISING OUT OF MY PARTICIPATION IN ANY AZBR ACTIVITY.
3. I hereby release the Releasees from ANY claim that such Releasees are or may be ordinarily negligent in any way related to my participation in any AZBR activity, event, or other course or activity, or other matters related to or arising from any activity with or in relation to AZBR.

Initials of Signee:_____



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4. I hereby indemnify, save, and hold harmless AZBR, its officers, directors, employees, agents, volunteers, sponsors or sanctioning organizations or individuals, from and against any loss, including but not limited to arrest, liability, damage, or cost any of them may incur arising out of or any way connected to any event, or other course or activity related to AZBR, or any act or omissions by any of its officers, directors, employees, agents, volunteers, sponsors, or sanctioning organizations related thereto.
5. I hereby agree to abide by and follow any instructions given or rules established by AZBR as stated or enforced by its officers, directors, employees, or agents with regard to my participation in any event, or other course or activity related to AZBR, or the use of any equipment or supplies provided by AZBR or its sponsors or sanctioning organizations.
6. I understand that various activities conducted by AZBR may be photographed or videotaped, or recorded by other means. As a result, still or moving images of me might be taken, including audio recordings of me, and those images and recordings might otherwise appear in promotional or other materials created by or used by AZBR, its officers, directors, employees, or agents. I agree that these images, photos, recordings and the like may be taken of me, and expressly grant permission to be recorded in such a manner and that the images and recordings and the like are the property of AZBR.
7. I hereby expressly agree to not disclose any information deemed confidential by AZBR which includes but is not limited to: names of individuals, names of locations or any other location data, any identifiable location information including latitude, longitude or other geolocation data.
8. I hereby understand that I am solely responsible for my own actions or inactions while participating in any activity, event or other course or activity related to AZBR.
9. I hereby expressly agree that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by the laws of the state of Arizona and is intended to be as broad and inclusive as is permitted by Arizona law, and that in the event that any portion of this agreement is determined to be invalid, illegal or unenforceable, the validity, legality and enforceability of the balance of the agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.
10. I hereby acknowledge that this document is a waiver and agreement, and that it is integral to my

Initials of Signee: _____

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participation in the activities, events, or other course related to AZBR, and I agree that if any lawsuit is filed against AZBR, or its officers, directors, employees, agents, volunteers, sponsors or sanctioning organizations for any alleged injury or damage suffered by me, I will pay all attorneys' fees and other costs incurred by AZBR in defense of any such action that may be filed.

I HAVE READ THIS RELEASE AND LIABILITY WAIVER. I UNDERSTAND THAT IT IS A PROMISE NOT TO SUE AND IS A RELEASE AND INDEMNITY FOR ALL CLAIMS THAT MAY POTENTIALLY BE MADE BY ME OR MY PERSONAL REPRESENTATIVES, HEIRS, NEXT OF KIN, SPOUSE, AND ASSIGNS AGAINST AZBR.

Printed Legal Name	Signature	Date (Day, Month, Year)
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PUBLIC NOTARY

STATUTORY SHORT FORMS ACKNOWLEDGEMENT

STATE OF: _____

OFFICIAL SEAL:

COUNTY OF: _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME

THIS _____ DAY OF _____, _____

BY _____

SIGNATURE: _____

TITLE/RANK: _____

SERIAL N°: _____



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SIGNATURE OF UNDERSTANDING AND COMPLIANCE OF STANDARD OPERATING PROCEDURES, RULES OF ENGAGEMENT

I, _____ (print full name name), hereby acknowledge that I have been furnished a copy of the Arizona Border Reconnaissance, PLLC (hereinafter "AZBR") Standard Operating Procedures (hereinafter "SOPs") and Rules of Engagement (hereinafter "ROEs") for full review, and agree to and acknowledge the following:

1. I have read, understood and comprehended all current version SOPs and ROEs, and agree to abide by the content listed therein.
2. I further understand that all personnel, regardless of affiliation, that participate in operations, events, training and other functions of AZBR are expected to adhere to and comply with the SOPs and ROEs.
3. Additionally, I understand that the SOPs and ROEs may be revised from time to time, and that it is my responsibility to maintain my current working knowledge of the SOPs and ROEs, and that a best effort will be given by AZBR to keep all involved personnel advised of any revisions. Also, upon my request, AZBR shall provide a means for me to review the SOPs and ROEs at a time feasible by means readily available.
4. I agree to maintain the confidentiality of the SOPs and ROEs and shall not distribute them to personnel not directly involved with AZBR, and shall not disseminate, make available or publish the SOPs and ROEs to the public without prior approval of AZBR.

Printed Legal Name

Signature

Date

PUBLIC NOTARY

STATUTORY SHORT FORMS ACKNOWLEDGEMENT

STATE OF: _____

OFFICIAL SEAL:

COUNTY OF: _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME

THIS _____ DAY OF _____, _____

BY _____

SIGNATURE: _____

TITLE/RANK: _____

SERIAL N°: _____

PERSONNEL ACCOUNTABILITY RECORD (RED)		REVISION 05172016
ARIZONA BORDER RECON	NGO	PAGE 1 OF 1

THIS DOCUMENT MUST BE RETURNED TO AZBR ADMINISTRATIVE PERSONNEL AND SHALL NOT BE KEPT ON THE PERSON

SUBJECT INFORMATION

LAST NAME, FIRST, MI _____

PHONE NUMBER & EMAIL _____

DATE OF BIRTH (DD/MM/YYYY) ____/____/____

DRIVER INFORMATION
THE FOLLOWING SECTION IS TO BE COMPLETED IF THE SUBJECT WILL BE OPERATING A VEHICLE

YEAR, MAKE, MODEL, COLOR _____

STATE AND PLATE NUMBER _____

RECORD OF EMERGENCY DATA

BLOOD TYPE GROUP A+ A- AB+ AB- B+ B- O+ O-

ADDITIONAL MEDICAL ISSUES, ALLERGIES OR AILMENTS/PROBLEMS _____

EMERGENCY CONTACT ONE

LAST NAME, FIRST, MI _____

PHONE NUMBER _____

RELATIONSHIP _____

EMERGENCY CONTACT TWO

LAST NAME, FIRST, MI _____

PHONE NUMBER _____

RELATIONSHIP _____

ADMINISTRATION USE ONLY

ENTRY

SCAN