

**"Jr ARES" Liability Waiver
Applicant Information**

Name _____ Date of Birth _____
Address _____ Phone _____
City _____ State _____ Zip _____
Driver's License Number _____ State _____

Waiver and Release of Liability — Read Before Signing

In consideration of being allowed to participate in any way in the Jr Amateur Radio Emergency Services, I, the undersigned, acknowledge, appreciate, and agree that:

1. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, and assume full responsibility for my participation, and
2. I willingly agree to comply with the stated and customary terms and conditions for participation, and agree that if I observe any unusual significant hazard during my presence or participation to report such to the nearest ARES official immediately, and
3. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE AMATEUR RADIO EMERGENCY SERVICES ("ARES"), their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (hereinafter collectively referred to as the "Releasees"), FROM AND WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND I ALSO UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN FREELY AND VOLUNTARILY.

Signature

Witness

FOR PARTICIPANTS OF MINORITY AGE (Under age of 18 at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement and participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THIS RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature _____ **Date Signed** _____
Print Name _____ **Emergency Phone Numbers** _____
(Home) _____ **(Work)** _____ **(Cell)** _____

Notary Information:

State of _____ County of _____
Sworn to and subscribed before me this _____ date of _____, 20____, by _____, by _____
who is (Check one): _____ personally known to me or _____ has produced _____ identification.

Notary Public