

CONSENT AND RELEASE OF LIABILITY

STATE OF WISCONSIN
AMATEUR RADIO EMERGENCY SERVICE
RADIO AMATEURS CIVILIAN EMERGENCY SERVICES
And the
AMATEUR RADIO EMERGENCY CORP, INC.
FOR MILWAUKEE AND WAUKESHA COUNTIES

CONSENT OF PARENT OR GUARDIAN

(If the individual volunteering is under the age of eighteen (18) years of age, his or her parent or legal guardian must complete the following:)

I, the undersigned parent/guardian (strike one) of

(Print Name)

(Date of Birth)

Hereby give my son/daughter/ward (strike two) permission to volunteer for and participate in an ARES/RACES activity and I am executing the following release on his/her behalf.

RELEASE OF LIABILITY

KNOW ALL MEN BY THESE PRESENTS, that I, the undersigned, in consideration of the opportunity to volunteer for and participate in a communications activity in conjunction with State of Wisconsin, Milwaukee and Waukesha Counties ARES/RACES/AREC do hereby forever release and discharge the officers and directors of Amateur Radio Emergency Corp, Inc. the Emergency Coordinators, all of the Assistant Emergency Coordinators and all members of the Amateur Radio Emergency Service and Radio Amateur Civilian Emergency Services from all claims, damages, or causes of action which may arise from my voluntary participation in such communications activity.

Dated this _____ day of _____, 20_____.

(Print Name)

(Signature)