BRARA STANDARD LIABILITY WAIVER AND RELEASE OF CLAIMS AND HOLD HARMLESS AGREEMENT INCLUDING COVID-19 AND INFECTIOUS DISEASE PROVISION

Amateur Radio is an enjoyable pursuit with social, educational and community benefits. But like most activities there may be risks involved and as such it is important to always be careful and minimize risks. Additionally, because of COVID-19 and possible infectious diseases the Boca Raton Amateur Radio Association (BRARA) requires its Standard liability waiver and release of claims to be signed as a condition of participation with its activities including the use of its "shack" and shack area.

	ncluding the use of its "shack" and shack area.
I (print your name)	acknowledge that I derive personal
	ntary participation in activities of the Boca Raton Amateur
· · · · · · · · · · · · · · · · · · ·	ngage in BRARA events and/or other activities (the
	f the BRARA building , facilities and lot at the West Delray
• • •	, Florida (the "Shack") which contains BRARA communication
and other equipment including antennas an	
RELEASE, WAIVER AND HOLD HARMLESS. I H	HEREBY HOLD HARMLESS, RELEASE, WAIVE AND FOREVER
DISCHARGE ANY AND ALL LIABILITY, CLAIMS,	AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST
THE BOCA RATON AMATEUR RADIO ASSOCI	ATION, INCLUDING IN EACH CASE, WITHOUT LIMITATION,
ITS DIRECTORS, OFFICERS, EMPLOYEES, VOLU	JNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER
IN LAW OR IN EQUITY, TO THE FULLEST EXTI	ENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO
DAMAGES OR LOSSES CAUSED BY THE NEGL	IGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF
THE RELEASED PARTIES, INCLUDING BUT NO	OT LIMITED TO DEATH, BODILY INJURY, ILLNESS, EFFECTS OF
COVID-19 AND OTHER INFECTIOUS DISEASE	S, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS
	EIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED
	AVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF,
	OM MY PARTICIPATION WITH THE ACTIVITIES OF THE BRARA
OR MY BEING IN OR AT OR USE OF ITS SHAC	K OR FROM ANY OF ITS EQUIPMENT OR FACILITIES.
ASSUMPTION OF RISK. I acknowledge and u	nderstand that participation and activity with the BRARA
may include possible exposure to and illness	s from infectious diseases including but not limited to COVID-
19, and that there is a further exposure to h	igh voltage and other risks associated with the equipment
and activities of BRARA. I agree to use safe $\ensuremath{\text{\mu}}$	practices and follow the guidelines of the National Center for
	Department of Health regarding their recommendations to
	ctious diseases. I also agree to use due care and be careful in
· ·	e BRARA . While particular rules and personal discipline may
reduce these risks, the risk of serious illness	and death does exist. I knowingly and freely assume all such
risks related to illness and infectious disease	es, such as COVID-19, and all other risks from the activities,
use of facilities, and equipment of BRARA .	
9	ement and understand its terms and conditions and execute
this agreement freely and voluntarily for my	rself, my heirs, executors and assigns.
Executed on this day of	, 202
WITNESS: sign above line and print name	Participant Sign above line, and print name

If minor, parent must sign and print name