

Franklin County Beekeepers Association PA Liability Waiver



Participant's Name:		Birth date	
Address:			
Telephone:		Email:	
Parents' Name:		Parents' Email:	

To cover the liability issues of possible injury while participating in all aspects and/or phases of The Franklin County Beekeepers Association events, participants under age 18 and their legal representatives are required to sign a waiver of liability

Waiver/Release

In consideration of participating in The Franklin County Beekeepers Association the undersigned acknowledges and agrees that

- There is a potential risk of injury from activities involved in beekeeping, and while particular rules, equipment and personal care may reduce this risk, the risk of injury does exist; and
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. I willingly agree to follow all safety rules for the event and the instructions of the instructor. If, however, I observe any unusual significant hazard during my presence or participation that may cause injury to myself or others I will remove myself from participation and bring such to the attention of the nearest instructor or The Franklin County Beekeepers Association representative immediately; and,
- For myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Franklin County Beekeepers Association, their officers, other participants, and if applicable, owners and lessors of the premises used to conduct the class ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, TO THE FULLEST EXTENT OF THE LAW, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Printed Name)

DATE SIGNED:

(Participant's Signature)

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 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 the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

(Parent/Guardian and Child's Name. Please Print)

DATE SIGNED:

(Parent/Guardian Signature)

Emergency Phone Number: () _____

MEDICAL INFORMATION

To my knowledge participant is ____ / is not ____ allergic (subject to anaphylactic shock) to honey bee stings.

List other allergies: