

# ***Bristol County Beekeepers Association Inc.***

*A 501 (c)(3) Non Profit Charitable Organization*

## **Membership Form**

New Membership \_\_\_\_\_ Renewal \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_

Additional Household Names: \_\_\_\_\_

Apiary Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1 Year \$15.00 \_\_\_\_\_ 2 Years \$30.00 \_\_\_\_\_ 3 Years \$45.00 \_\_\_\_\_

Has any of the above information changed? Yes \_\_\_\_\_ No \_\_\_\_\_

**Our Club is run entirely by volunteers. We have several committees that you could join, depending on your interest. More volunteers means more fun, lighter work and a better experience for everyone. For more information on volunteering, please contact any Director.**

**(We will not sell your address, phone number or email. We use them only to distribute Club communication, newsletters and to contact you for participation in club activities.)**

**Dues are \$15 per year.**

**Please make your check out to *Bristol County Beekeepers Association Inc.* and bring it to a meeting, workshop or send it to:**

**Bristol County Beekeepers Association Inc.**

**P.O. Box 286**

**North Dighton, MA 02764-0286**

**I/WE HAVE READ, CONSENTED TO, AND UNDERSTAND THE TERMS OF THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT PROVIDED TO ME BY THE BRISTOL COUNTY BEEKEEPERS ASSOCIATION, INC., ATTACHED HERETO.**

**Initial: \_\_\_\_\_ Initial: \_\_\_\_\_ Initial: \_\_\_\_\_ Initial: \_\_\_\_\_**

# Bristol County Beekeepers Association, Inc.

A 501 (c)(3) Non Profit Charitable Organization

## Release of Liability and Assumption of Risk Agreement

In consideration of participating in Bristol County Beekeepers Association, Inc. activities,

I, \_\_\_\_\_, the undersigned, acknowledges, agrees and consents to the following:

1. Working with bees involves risks and the possibility of injury, and that these risks always exist, despite any rules, equipment, and personal care used to minimize and mitigate these risks.
2. I voluntarily assume and acknowledge all risks, known and unknown, foreseeable and unforeseeable, even if arising from any act or omission by the Bristol County Beekeepers Association, Inc. and/or any affiliated persons.
3. For myself, my heirs, assigns, personal representatives, and next of kin, I consent to release and in perpetuity hold harmless the Bristol County Beekeepers Association, Inc., its officers, directors, members, instructors, agents, and any and all participants, and if applicable the owners and/or lessors of the premises used to conduct any activity, for any and all injury, disability, death, loss or damage to person or property, cause of action, or any claim that may result from my participation with the Bristol County Beekeepers Association, Inc.
4. This release includes all injury, disability, death, loss or damage to person or property, cause of action, or any claim caused by any act or omission of the Bristol County Beekeepers Association, Inc., its officers, members, instructors and agents.
5. The Bristol County Beekeepers Association, Inc. is under no obligation to provide any financial assistance in the event of any injury, damage, or loss to any person or property.
6. The law of the Commonwealth of Massachusetts governs the terms and conditions of this release, and the courts of the Commonwealth of Massachusetts for the District of Bristol County have jurisdiction over all disputes between the parties.

The undersigned hereby agrees that they have carefully read this Release of Liability and Assumption of Risk Agreement and knowingly and voluntarily accept the terms herein. The undersigned acknowledges that they waive substantial legal rights by signing it and have signed it freely and voluntarily as their own act and deed, free of inducement or undue influence.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

For members and participants under age 18, please complete the following:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Telephone: \_\_\_\_\_