2019 Membership Registration AND Liability Waiver For:

Suncoast Beekeepers Association, Inc.

PLEASE PRINT... PLEASE PRINT... PLEASE PRINT... PLEASE PRINT...

First name:	Last	name:			
Email address:					
Street Address:					
City:		State:			
Zip:	Phone number: ()			
	Thank you for your sup	pporting the club (a	and for printing)		
Annual dues	\$10				
Contribution to UF Bee Lab	\$5				
Total due	\$15				
Liak	Suncoast Beek pility Waiver Effecti	-	-	1/2019	
To cover the liability issues members and non-members				-	vents,
Adult Waiver/Release					
In consideration of participa agrees that:	ting in the Suncoast Be	eekeepers Assoc	iation, Inc., the	undersigned acknowledge	s and
and personal care ma	y reduce this risk, the ris	k of injury does e	xist, and	while particular rules, equi	
•	RELEASEES or others and			wn, EVEN IF ARISING FROI y participation, and	√I THE
observe any unusua		ring my presend	ce or participati	ns for participation. If, how ion, I will remove myself	
4) For myself and on be HOLD HARMLESS the applicable, owners RESPECT TO AND A	whalf of my heirs, assigns e Suncoast Beekeeper and lessors of the p ALL INJURY, DISABILITY	s, personal represers rs Association, premises used Y, DEATH, or lo	sentatives and no Inc., their office to conduct the ss or damage t	ext of kin, HEREBY RELEAS cers, other participants a e class ("RELEASEES"), to person or property. To	and if WITH D THE
OTHERWISE.	LAVV, WHEIREK AK	ISING FRUIVI	INE NEGLIGEN	ICE OF THE RELEASEE	o UK
I HAVE READ THIS RELEAS TERMS, UNDERSTAND THA VOLUNTARILY WITHOUT A	AT I HAVE GIVEN UP SU				
				, 20	
(SIGNATURE)			(DATE)		
				(Witness)	