

2023 Membership Registration AND Liability Waiver For:

Suncoast Beekeepers Association, Inc.

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

First name: _____ Last name: _____ Mail to:
Email address: _____ Don Carter
Street Address: _____ 5024 37th ST E
City: _____ State: _____ Bradenton FL 34203
Zip: _____ - _____ Phone number: (____) _____ - _____

You can scan it and email completed form to DCarter4Him@gmail.com

Annual dues	\$10
Contribution to UF Bee Lab	\$5
Total due	\$15 Thank you for your supporting the club....

Suncoast Beekeepers Association, Inc.
Liability Waiver Effective For 10/1/2022 to 12/31/2023

To cover the liability issues of possible injury while participating in **Suncoast Beekeepers Association, Inc.** events, members and non-members participating in club events are required to sign a **Waiver of Liability**.

Adult Waiver/Release

In consideration of participating in the **Suncoast Beekeepers Association, Inc.**, the undersigned acknowledges and agrees that:

- 1) 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
- 2) **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others and assume full responsibility for my participation, and
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately, and
- 4) For myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the **Suncoast Beekeepers Association, Inc.**, their officers, other participants and if applicable, owners and lessors of the premises used to conduct the class ("**RELEASEES**"), **WITH RESPECT TO AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property. **TO THE FULLEST 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.

_____, 20____
(SIGNATURE) (DATE)

(Witness)

(Please have someone witness this before mailing or emailing it to Don Carter at above address.)