2021 Membership Registration AND Liability Waiver For:

Suncoast Beekeepers Association, Inc.

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

Firstname:	Last name:		_ Mail to:
Email address:			_ Don Carter
			5024 37 th ST E
City:		State:	Bradenton FL 34203
Zip:	Phone number: ()		-
	Thank you for your supportin	g the club (and for printing)	
Annual dues	\$10		
Contribution to UF Bee Lab	\$5		
Total due	\$15		

Suncoast Beekeepers Association, Inc. Liability Waiver Effective For 11/1/2020 to 12/31/2021

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 being 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 you mail it to Don Carter at above address.)