

# TRI-COUNTY BEEKEEPERS ASSOCIATION MEMBERSHIP FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MEMBERSHIP – CHOOSE ONE:

INDIVIDUAL MEMBERSHIP \$10.00 \_\_\_\_\_

FAMILY MEMBERSHIP \$15.00 \_\_\_\_\_

If paying by check, please make your check payable to Tri-County Beekeepers Association and give to the Association Treasurer. Dues are due by January 31 of each year.

**TRI-COUNTY BEEKEEPERS ASSOCIATION/UF/IFAS EXTENSION**  
**GENERAL RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS, AND**  
**HOLD HARMLESS AGREEMENT**

In consideration of participating in the Tri-County Beekeepers Association/UF/IFAS Extension activities, I agree, for myself, my estate, heirs, administrators, executors, and assigns, and hereby release and hold harmless the Tri-County Beekeepers Association, the Florida Board of Education, the University of Florida Board of Trustees, and their officers, directors, employees, representatives, agents, volunteers, from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to any and all activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

I fully understand that there are potential risks and hazards associated with any and all activities, but not limited to, possible injury or loss of life. To the best of my knowledge, I am not allergic to bee stings. I am fully aware of the risks and hazards connected with the activity of keeping honeybees, including the risk of being stung by a honeybee. I further understand that while attending activities, I may be interacting with persons that are not associated with or under the control or supervision of the Releasees. Despite the potential risks and hazards associated with the activity of

keeping honeybees, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my participation and that participation could result in loss, illness, personal injury, death, or property damage to me or to my property, whether caused by the negligence of Releasees or otherwise.

I further hereby agree to indemnify and hold harmless the Releasees from any judgement, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels that Releasees may incur as a proximate result of any negligent or deliberate act or omission on my part during my participation in beekeeping activities.

I, and those persons under eighteen, sponsored by me, whether dependent, guardian, or other, hereby elect to voluntarily participate in the Tri-County Beekeepers Association/UF/IFAS Extension activities.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT:

- A. I have read the foregoing release, understand it, and sign it voluntarily of my own free act and deed, and that,
- B. I am 18 years of age or older, fully competent, and that
- C. I execute the release for full, adequate and complete consideration, fully intending to be bound by same.

Names of persons under 18 years of age, sponsored by me, for which I fully accept the responsibility of:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

MEMBER NAME(S) (PRINTED) \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_