



TRI-COUNTY BEEKEEPERS ASSOCIATION  
MEMBERSHIP FORM

Date \_\_\_\_\_

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

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

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

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

ANNUAL MEMBERSHIP \$20

Membership fees are due in January and are the same throughout the year (not prorated.)  
If paying by check, please make check payable to: TRI-COUNTY BEEKEEPERS ASSOCIATION

TRI-COUNTY BEEKEEPERS ASSOCIATION UF/IFAS EXTENSION  
GENERAL RELEASE OF LIABILITY, WAIVERS 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 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 of supervision of the Releasees. Despite the potential risks and hazards 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 and Releasees may incur as a proximate result of any negligent or deliberate act or omission on my part during participation in the Tri-County Beekeepers Association and/or UF/IFAS Extension activities.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT:

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

**Names of person or persons under 18 years of age, sponsored by me, for whom I fully accept the responsibility of:**

\_\_\_\_\_

\_\_\_\_\_

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

**MEMBER(S) SIGNATURE:** \_\_\_\_\_