

# Fontenelle Bee Club Membership and Waiver of Liability

Name:	
Address:	
Telephone:	Email:

**NEW MEMBERS MUST SIGN THE LIABILITY WAIVER BELOW BEFORE MEMBERSHIP IS ACTIVATED.**

## Fontenelle Bee Club Liability Waiver

To cover the liability issues of possible injury while participating in Fontenelle Bee Club events, members are required to sign a Waiver of Liability.

### Adult Waiver/Release

In consideration of participating in the Fontenelle Bee Club, the undersigned acknowledges and agrees that

- 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
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 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,
- For myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Fontenelle Bee Club, BBE-Tech Apiary, Fontenelle Nature Association, their officers, other participants, and if applicable, owners used to conduct the class ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, TO THE FULLEST EXTENT 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.**

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
**DATE SIGNED:**

\_\_\_\_\_  
(Participant's Signature)

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

\_\_\_\_\_  
(Parent/Guardian and Child's Name. Please Print)

\_\_\_\_\_  
**DATE SIGNED:**

\_\_\_\_\_  
(Parent/Guardian Signature)

Emergency Phone Number: (      ) \_\_\_\_\_

# Fontenelle Bee Club Volunteer Application and Profile

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Name: Last \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**AVAILABILITY: Please circle *all* that apply.**

Week Days

Week Day Evenings

Weekend Days

Weekend Evenings

Please provide any other schedule information that will help us match you with opportunities.

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**ACTIVITY TYPES: Please check *all* that apply.**

Staff Booths

Set up and Tear Down of Booths

Teach Adults

Teach Children

Education

Marketing/Website

Please provide any other activity types you would like to be considered for:

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