

Parent(s) or Guardian(s):

Address _____

City _____ State _____ Zip Code _____

Phone No. Home (____) _____ Work (____) _____

Acknowledgment/Assumption of Risk/Waiver

The undersigned hereby acknowledges that there are inherent risks associated with the act of Beekeeping. Allergic reactions associated with bee stings and/or bee products may be severe. By their signature(s) below, the undersigned hereby assumes the risks, dangers, or hazards associated with Beekeeping. The undersigned affirmatively waives any claim, or right of claim, against the Pierce County Beekeeper's Association and any of its officers or members for damages arising out of the Applicant's participation in the Pierce County Beekeeper's Association and/or the act of Beekeeping. Further, the undersigned hereby agrees to hold harmless the Pierce County Beekeeper's Association, its officers or any one of its members of the claim that may be asserted in connection with the participation in the Pierce County Beekeeper's Association or in the act of Beekeeping, to include costs and attorneys fees reasonably incurred in defending a claim. This Waiver and hold harmless provision shall extend to the undersigned, as well as their successors and/or heirs.

The undersigned hereby attests to the following:

_____ **No.** Neither the applicant nor any member of his/her family has a known allergy to honey bee venom or honey bee products

_____ **Yes.** The Applicant and/or any member of his/her family is known to have allergic reactions to honey bee venom or honey bee products

If you have checked "**YES. The Applicant and/or any member of his/her family is known to have allergic reactions to honey bee venom or honey bee products**", please explain on a separate sheet of paper the nature of the allergy and why you still wish to give your consent to have the applicant participate in Beekeeping through the Pierce County Beekeeper's Association.

By affixing my signature hereto, I hereby affirm that I have fully read, and understand, all of the provisions above and that I hereby give my consent to have my child participate in Beekeeping through the Pierce County Beekeeper's Association.

Dated: _____
Parent/Guardian Signature

(Print Name)

Dated: _____
Parent/Guardian Signature

(Print Name)

Pierce County Beekeepers Association Study Grant Rules

- Applications may be obtained through any one of the Pierce County Beekeepers Association (PCBA) Study Grant Committee members hereafter called the S.G. Committee.
- Study Grant applications shall be received from August 1 through November 1 of each year. Applications received after November 1 will not be accepted.
- The term of the Study Grant shall be for one year starting January 1.
- At the discretion of the S.G. Committee, applications not filled out completely and legibly will not be accepted.
- The service area of the PCBA shall include all of Pierce County and those parts of adjoining counties where attendance to all the general meetings, Master Beekeepers classes, and field days will not be a hardship.
- All applicants must have reached the age of 13 by January 1 of the year following the year of acceptance.
- Grantees will receive a one year membership in the PCBA and one year free enrollment in the Master Beekeepers program in addition to bee equipment and supplies.
- Grantees will be expected to give an oral presentation of what they have learned from the program.

Please return application or address questions to one of the following:

Lou Torre
4306-27th Ave SE
Puyallup, WA 98374
98354
(253)845-3936

Dave Stokesberry
10622-64th Ave East
Puyallup, WA 98373
(253)845-4961

Bob Pietila
2413 Milton Way
Milton, WA
(253)952-6012

Committee Comments:
