



# Pierce County Beekeepers Association

## Apiary Participation - Waiver of Liability

To cover the liability issues of possible injury while participating in events and/or programs, participants are required to sign a Waiver of Liability. It is assumed that class participants are in good physical health, and no health problems exist which make class attendance dangerous to participants. As honey bee colonies are maintained at this site, no one who has a demonstrated allergy to bee stings may participate in this class. Participants must assume all risk of injury from stings or accidents while attending the class. Pierce County Beekeepers Association and Washington State University and its leadership will not pay for any medical treatment arising from class activities. Minors attending must be supervised by a parent or guardian at all times.

In consideration of participating in beekeeping classes or other educational event, 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 educator immediately; and,
- For myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Pierce County Beekeepers Association and Washington State University, its owners, other participants, and if applicable, owners and lessors of the premises used to conduct the event ("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.

Waiver: In consideration of being permitted to participate in any way in Pierce County Beekeepers Association's Beekeeping Class and Apiary Day, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Pierce County Beekeepers Association or anyone connected to the Pierce County Beekeepers Association, including Washington State University: owners, property location owners, or other participants, for illnesses (including death), and property loss arising from, but not limited to, participation in the Beekeeping Class and Apiary Day.

Assumption of Risks: Participation in the Beekeeping Class and Apiary Day carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries or other injuries associated with the handling of and proximity to bees, to 3) bee stings

I, \_\_\_\_\_, have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Beekeeping Class and Apiary Day. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD PIERCE COUNTY BEEKEEPERS ASSOCIATION AND WASHINGTON STATE UNIVERSITY, ALL OWNERS, PROPERTY LOCATION OWNERS, AND OTHER PARTICIPANTS HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in the Beginning Beekeeping Class and Apiary Day and to reimburse it for any such expenses incurred.

Acknowledgment of Understanding: 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.

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I also certify that I do not have a demonstrated allergy to bee stings.

_____	Printed Name of Participant
_____	Signature of Participant
_____	Printed Name of Guardian (if
Participant is a minor)	
_____	Signature of Participant
_____	Best Phone Number of Participant
and / or Guardian	
_____	Witness
_____	Date