



Pinellas Beekeepers Association Inc.

GENERAL RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT

In consideration of receiving in the training and education ("T&E") at a Pinellas Beekeepers Association Inc. Event/Work Day.

I hereby agree as follows: I, _____ (PRINT CLEARLY), for myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the Pinellas Beekeepers Association Inc. or any of its members, Great Bay Distributors Inc., their Officers, Directors or any of their employees, St. Petersburg College, any associated University or Organization, State of Florida, the County of Pinellas, and their officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releasees"), 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 the T&E, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. I fully understand that there are potential risks and hazards associated with a T&E of Florida's natural areas, including, but not limited to, possible injury or loss of life. I further understand that while on the T&E, I may be visiting undeveloped locations and interacting with persons that are not associated with or under the control or supervision of the Releases. Despite the potential risks and hazards associated with the T&E, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my participation in the T&E and that 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 acknowledge that in the T&E, I am freely and voluntarily participating. I further hereby agree to indemnify and hold harmless the Releasees from any judgment, 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 the T&E. In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age and fully competent.

The undersigned hereby attests to the following:

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

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

If you have checked "YES": "The Applicant and/or any member of his/her family is known to have allergic reactions to honeybee venom or honeybee 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 Pinellas Beekeepers Association Inc. **I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND VOLUNTARILY AGREE TO BE BOUND BY IT.**

NAME _____ (PRINTED)
SIGNATURE _____ **DATE** _____

For those under the full age of 18. add: 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 Pinellas Beekeepers Association Inc.

CHILD'S NAME _____ (PRINTED)
PARENT(S) OR GUARDIAN(S) NAME: _____ (PRINTED)
Address: _____ **City:** _____ **Zip Code** _____
Phone Number: Mobile: (_____) **Other:**(_____)

PARENT / GUARDIAN Signature: _____ **DATE** _____