

Nassau County Beekeepers Association/Mentoring Event

In consideration of receiving in the training and education ("T&E") through the Nassau County Beekeepers Association Mentoring, I hereby agree as follows:

I, _____ (PRINT CLEARLY),
For myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the Nassau County Beekeepers Association, any associated University or Organizations, the Northeast Florida Fair Association, and the Nassau County School Board, 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 and 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 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 Releasees. Despite the potential risks and hazards associated with the T&E 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 judgement 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 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 (in the space provided on the next page) the nature of the allergy and why you still wish to give your consent to have the applicant participate in Beekeeping through the Nassau County Beekeepers Association.

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_____

Witness Name:_____ **(PRINTED)**

Witness Signature:_____

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 Nassau County Beekeepers Association.

Minors Name:_____ (Print Child's Name)

Parent(s) or Guardian(s):_____ (Print Name)

Address:_____

City:_____ State:_____ Zip Code:_____

Phone Numbers: Home (____) _____ Work/Cell (____) _____

Dated: _____ Parent/Guardian Signature: _____

Allergy Explanation :
