

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

East Central Ohio Beekeepers Association Liability Waiver

To cover the issues of possible injury while participating in East Central Ohio Beekeepers Association, the undersigned acknowledges and agrees that

- There is a potential risk of injury from activities involved in beekeeping and its related activities, and while particular rules, equipment and personal care may reduce the 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 my participation. If, however, I observe an unusual significant hazard during my presence or participation, I will remove myself from the 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 East Central Ohio Beekeepers 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: _____

FOR PARTICIPANTS 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 all the liabilities incident to minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

CHILD'S NAME: _____

PARENT/GUARDIAN PRINTED NAME: _____

DATE: _____ SIGNED: _____

EMERGENCY PHONE NUMBER: _____

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03/18