

Boys & Girls Club of Southeast Alabama Teen Center
Beekeeping & Garden Program Waiver and Release

I understand that participation in the Boys & Girls Club of Southeast Alabama Teen Center Beekeeping & Garden Program involves activities that may include working outdoors, handling gardening tools and equipment, and exposure to live bees and possible bee stings. _____ **Initial**

I acknowledge that all participants are required to wear provided protective beekeeping gear at all times during hive-related activities and agree to follow all instructions and safety guidelines given by Teen Center staff. _____ **Initial**

I understand that bee stings may cause allergic reactions, including severe reactions in some individuals. By signing below, **I confirm that I have disclosed any known bee sting allergies or medical concerns that could affect participation.** I understand that participation is voluntary and assume any risks associated with the program activities.
_____ **Initial**

In consideration for participation in the program, I release and hold harmless the Boys & Girls Club of Southeast Alabama Teen Center, its staff, volunteers, board members, and partners from liability for injuries, accidents, allergic reactions, or damages that may occur during participation, except in cases of gross negligence or intentional misconduct.
_____ **Initial**

In the event of an emergency, I authorize Boys & Girls Club staff to seek emergency medical treatment for my child if I cannot be reached immediately. _____ **Initial**

I have read and understand this waiver and give permission for my child to participate in the Beekeeping & Garden Program. _____ **Initial**

Participant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____