



**Waiver/Binder**

We/I understand that neither the St. Croix Valley Beekeepers Association nor any of the Association members are liable for any accidents or injuries which may occur while my child, name: \_\_\_\_\_, is working with the aforementioned bees and equipment.

We/I also understand the bee colony and equipment remain the property of the SCVBA and cannot be sold, given away, transferred in any manner, or destroyed during the qualifying period of two (2) years without the written consent of the SCVBA.

In the event that (name) \_\_\_\_\_, for any reason, can no longer pursue the beekeeping project, the SCVBA shall be notified and the equipment and colony of bees will be returned to the mentor.

Upon successful completion of the qualifying term of two (2) years, and the satisfaction of stated conditions, the recipient will be presented a Certificate of Completion of the program and ownership of the beehive and related equipment will be transferred to the Program Scholar.

**PARENTAL CONSENT**

**I am the above named applicant's parent or guardian. He/She is not known to be allergic to bee stings and has my consent to accept this scholarship if chosen. Furthermore, I agree that by signing this waiver I relieve the SCVBA and their members from any and all liability for any accidents, mishaps, or other occurrences which may happen in the pursuit of this project.**

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature

Date

**I understand that by signing this I agree to the terms of the scholarship. I understand that there are certain risks involved in beekeeping, and I am willing to fully commit to work with my mentor towards a successful experience over the next year.**

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature

Date

**Youth Beekeeping Partnership Program**

**To be completed by a parent or guardian:**

How do you feel your child can benefit from this program?

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Please circle one

Do you feel you can support and encourage your child in this effort?      YES   or   NO

Does anyone in your immediate family have bees?      YES   or   NO

If so, who? \_\_\_\_\_

**Please submit two (2) letters of recommendation from non-family members discussing the youth's ability to be successful in this program.**

**Terms and Conditions of Agreement**

**The selected Partnership Program Scholars will receive a complete beehive with bees worth about \$500 consisting of:**

- 1. Woodenware - A 2 standard hive body with frames and foundation, 2 honey supers, a bottom board, and a top cover.**
- 2. A package of bees with queen.**
- 3. Necessary protective equipment, including a smoker, hive tool, hat, veil, and gloves.**
- 4. Mentoring by a Member throughout the year. The mentor will assist with Honey extraction.**

**The Partnership Program Scholar will be expected to:**

- 1. Attend a beekeeping class of your choice at your cost.**
- 2. Keep a written record complete with dates, photos, and other pertinent data to assist in sharing the Scholars' beekeeping experience with others.**
3. Successfully keep the colony of bees throughout the year.
4. Present a report to the membership at a designated meeting.
- 5. Attend a minimum of 50% of the St. Croix Valley Beekeeper's Associations meetings. Which they will have to give an update on progress.(Second Thursday of month at 7 P.M.)**

**Youth Beekeeping Partnership Program**