

**Brighton Bee Club
Membership Application
& Liability Waiver**

**Brighton Bee Club
c/o Dave Swanson
55 W. Bromley Lane
Brighton, CO 80601**

(720) 685-1950

Membership cost is \$20.00 (per family) per year. Please make checks payable to Brighton Bee Club and mail to the address above. Membership cost includes membership fee (\$7) for the Colorado State Beekeepers Association (CSBA), Brighton Bee Club's parent organization, under whose auspices the club operates.

Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Telephone:#1 _____ Telephone:#2 _____
Email: _____
Years Beekeeping: _____ Number of Hives: _____

Receive Email Newsletter? YES [] NO [] Publish name/phone number in CSBA directory? YES [] NO []

**ALL MEMBERS MUST SIGN THE LIABILITY WAIVER PRINTED ON THE
REVERSE SIDE BEFORE MEMBERSHIP IS ACTIVATED.**

For Office Use Only

Paid: \$ _____ Cash: PayPal: Check: # _____ Date: _____

Brighton Bee Club Liability Waiver

To cover the liability issues of possible injury while participating in Brighton Bee Club events, members are required to sign a **Waiver of Liability**.

Adult Waiver/Release

I, the undersigned, acknowledge and agree:

- There is a potential risk of injury from activities involved in beekeeping, and while particular rules, equipment and personal care may reduce this 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 participation; and
- To comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from 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 the Colorado State Beekeepers Association and the Brighton Bee Club, their officers, other participants, and if applicable, owners and lessor of the premises 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 AND FULLY UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR MY OWN SAFETY AND WELL BEING AND HAVE THE OPTION OF QUITTING A LOCATION OR ACTIVITY IF I DETERMINE MY SAFETY AND WELL BEING ARE JEOPARDIZED, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Printed Name)

DATE SIGNED: _____

(Participant's Signature)

Emergency Phone Number(s): _____

FOR PARTICIPANTS OF 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, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, AS I FULLY UNDERSTAND THAT I AM THE PARENT/GUARDIAN AND AM FULLY RESPONSIBLE FOR EVERYTHING THE MINOR DOES, EXPERIENCES, OR INCURS AS A RESULT OF THE MINOR'S PARTICIPATION.

(Parent/Guardian Name)

(Minor's Name)

DATE SIGNED: _____

(Parent/Guardian signature)