

Coffey County 4-H Beekeeping Project

Liability Waiver

Name:	DOB:
Address:	
Parent Name:	Email:
Phone:	Second Phone:



To cover the liability issues of possible injury while participating in all aspects and/or phases of the Coffey County 4-H Beekeeping Project events. Youth participants and their legal representatives are required to sign a waiver of liability.

Waiver/Release

In consideration of participating in the Coffey County 4-H Beekeeping Project the undersigned acknowledges and agrees that

- 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, but
- 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
- I willingly agree to comply with the stated and customary terms and conditions for participation. I willingly agree to follow all safety rules for the event, and the instruction of the instructors and/or mentors. If, however, I observe any unusual significant hazard during my presence or participation that may cause injury to myself or others I will remove myself from participation and bring such to the attention of the nearest instructor or mentor or Coffey County 4-H Beekeeping Project representative immediately, and
- For myself, and on behalf of my heirs, assigns, personal representative and next of kin, hereby release and hold harmless the Coffey County 4-H Beekeeping Project, their officers, and other participants, and if applicable, owners and lessors 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, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

Printed Name

Signed Name

Date

For Youth Participants

(Under Age 18 as of October 1st of the current year)

I certify, as parent/guardian of the participant, do consent and agree to his/her release as provided above of the releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releases 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.

Parent/Guardian & Child's Name (Please Print)

Parent/Guardian Signature

Date

Emergency Phone Number: () _____

To my knowledge participant is _____/is not _____ allergic (subject to anaphylactic shock) to honey bee stings.