Jefferson County Beekeeper Association (JCBA)

2024 Membership Application and Liability Waiver

JCBA membership cost is $25 per year and entitle members and their families access to club monthly meetings, apiary days, and the club fall picnic. Additional fees may be required for special events if costs dictate.

JBCA membership includes one (1) individual membership to the Colorado State Beekeepers Association (CSBA). Additional individual memberships to CSBA are $7 per person per year. If you already have a membership to CSBA paid through another bee club, please list it here:_____

Note: All members must complete and sign the attached liability waiver on page 2, AND complete payment, to activate membership for 2024.

Please Print Clearly!   **Date**_____

Name(s): _____

_____

Address: _____

City: _____State:_____Zip:_____

Email(s): _____

Phone#(s):_____

Would you like (circle answer) :   A Mentor or Bee Buddy

To be a Mentor or Bee Buddy?

To be on our swarm hotline list? (Yes/No)

To Host a Hive or Manage a Hosted Hive?

JCBA Membership ($25)_____ **Designee for CSBA**_____

Already a CSBA member? Yes/No

Do you need **Additional CSBA Memberships?** ($7 each): _____

Total Due:_____Paid $_____ Cash/Check/Zelle #_____

- ——————————————— ✂

Receipt: Paid $_____ Cash/Check/Zelle   Date: _____

From: _____

Jefferson County Beekeeper Association Annual Membership 2024

Contact jeffcohoneybees@gmail.com   Website jeffcobeekeepers.org

Received by: _____

JEFFERSON COUNTY BEEKEEPER ASSOCIATION (JCBA)
AGREEMENT TO PARTICIPATE
RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK

In consideration of being allowed to participate in any way in the events and activities through or with the JCBA; the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved with JCBA activities and beekeeping in general is significant, including the potential for permanent injury and death and I knowingly and freely assume all such risks, both known and unknown; and,

2. I willingly agree to comply with customary beekeeping practices for participation in beekeeping activities and I understand that I am responsible for providing and wearing proper protective beekeeping clothing. If I observe any unusual significant hazard during my participation, I will remove myself and any minor participant listed below from participation and bring such to the attention of the nearest JCBA representative; and,

3. I understand that JCBA, its officers, officials, agents, members, or volunteers are not responsible for the loss, theft, or any damage to me personally or my personal property which includes, but is not limited to, beekeeping equipment, clothing, vehicles, etc.; and,

4. I, for myself, my heirs, assigns, personal representatives and next of kin, agree to forever and irrevocably release JCBA, and its Officers, from all liability, claims, lawsuits, causes of action, proceedings, demands, judgments, expenses, costs, injuries, death, loses or damages of any kind caused by my participation in JCBA activities or events, even if arising from the negligence of JCBA or its Officers; and,

5. I grant JCBA permission to use without charge all photographs, videos or other like kinds of image productions taken during any JCBA event. If I do not want myself or my child photographed, I understand that I need to speak up and let this be known.

6. I am the parent or legal guardian of the minor whose name appears below ("minor"). On behalf of the minor, I request permission for them to participate in JCBA events and activities and in consideration of such permission, I agree to the terms as expressed in this document. I have complete authority to sign on behalf of the minor and I understand that but for such authority, JCBA would not have allowed the minor to participate in JCBA activities. I fully understand that beekeeping is a dangerous activity and may result in injury or death to the minor.

I have read this *Agreement to Participate and Release and Waiver of Liability and Assumption of Risk* and fully understand its terms and understand that I am giving up substantial rights by signing below and I do so freely and voluntarily without any inducement.

_____   _____   _____

Participant Name (Printed)   Participant Name (Signature)   (Date)

_____   _____   _____

Minor Participant Name (Printed)   (Legal guardian signature)   (Date)