



Greater Cleveland Beekeepers Association

2020 Beginning Beekeeping Course Registration (2 pages)

Name: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ E-Mail: _____

The Beginner Beekeeping Course costs **\$75.00** which includes: 4 classroom sessions, hands on field day event, a one-year family membership to GCBA and a one-year membership to Ohio State Beekeepers Association.

Classes will be held on Wednesday evenings (February 5th, 12th, 19th and 26th) at the **Cleveland Metroparks Rocky River Nature Center** located at **24000 Valley Parkway, North Olmsted, OH 44070.**

Doors will be open at 6:30 PM for check-in and light refreshments. Instruction is held from 7:00 PM until 9:00 PM.

The book resource for this year's class is Simple Smart Beekeeping by Dr. Kirsten Traynor. A limited number of books will be available for purchase on a first-come-first-serve basis at the first class for **\$20.**

Field Day will be held on May 16, 2020 at the Cuyahoga County Fairgrounds.

Pre-registration and payment are appreciated. Feel free to attend our January 8th meeting (7:00 PM) to sign up for classes, learn something new and meet some fellow beekeepers. You may also **mail** both pages of this form with check or money order **no later than January 25th** to:

GCBA

P.O. Box 26251

Fairview Park, OH, 44126

For Office Use:

Date Payment Received: _____
(DATE/INITIALS)

Payment Type: Cash Check Money Order
(CIRCLE ONE)

Processed by Treasurer: _____
(DATE/INITIALS)

Processed by Secretary: _____
(DATE/INITIALS)

For more information visit <https://www.greaterclevelandbeekeepers.com/>

Member, Host and Participant Waiver of Liability

To cover the liability issues of possible injury relating to events and/or programs, Members, Hosts, and Participants are required to sign a Waiver of Liability. It is assumed that all parties involved are in good physical health and no health problems exist which make involvement in activities, demonstrations, events, etc. dangerous. Any person who has a demonstrated allergy to bee stings may not participate in events. All Members, Hosts and Participants must assume all risk of injury from stings or accidents that may arise. Minors must be accompanied by a parent or guardian at all times.

In consideration of participating in beekeeping events and programs, 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; 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 my involvement and participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for involvement in activities, demonstrations, events, etc. If, however, I observe any hazard during my presence or participation, I will remove myself from participation in the event or activity and bring such to the attention of the nearest Host or Member; and,
- For myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Greater Cleveland Beekeepers Association, its owners, members, hosts, and other participants, and if applicable, owners and lessors of the premises used to conduct the event (“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; and,
- I agree to INDEMNIFY AND HOLD HARMLESS GREATER CLEVELAND BEEKEEPERS ASSOCIATION, ALL OWNERS, PROPERTY LOCATION OWNERS, AND OTHER PARTICIPANTS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, brought as a result of my involvement in activities, demonstrations, events, etc. and to reimburse any such expenses incurred.

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I also certify that I do not have a demonstrated allergy to bee stings.

Printed Name of Member, Host or Participant

Parent/Guardian Printed Name (if applicable)

Signature of Member, Host or Participant

Parent/Guardian Signature

Phone Number

Date

January 2020 – December 2020