



Greater Cleveland
Beekeepers Association
www.greaterclevelandbeekeepers.com

Membership 20__ Calendar Year

New/Renewal (Circle One)

Name: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

How many years have you been keeping bees? _____

How many hives do you keep? _____

Would you volunteer 4 hours this year for a club activity or need? (This could be over several days or all in one day.) YES _____ NO _____

The 2020 membership cost is \$20.00 per family which includes the monthly GCBA newsletter (emailed). One person per family may vote in GCBA elections or other official club votes.

Please renew at the next GCBA meeting or send your completed application and payment to:
GCBA
P.O. Box 26251
Fairview Park, OH 44126

For Office Use:

Payment Rec'd By: _____ Payment Type: Cash _____ Check # _____
(Initials/Date) (Circle One)

Processed by Treasurer: _____ Processed by Secretary: _____
(Initials/Date) (Initials/Date)

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