



Olympia Beekeepers Association



Event Participant Hold Harmless Agreement for

(Participant's name, printed) _____

OBA Member (dues paid in this calendar year): _____ yes _____ no

The undersigned acknowledges there are inherent risks associated with the activity of beekeeping, including but not limited to possible severe allergic reactions to bee products and bee stings, equipment associated injuries, and injuries sustained traveling to and from bee keeping activities.

By signature below, the undersigned (also referred to as "Participant") hereby assumes all risks, dangers, or hazards associated with working with bees, using hand tools and power tools in the building of hives, and assumes all risks, dangers, or hazards associated with being on the property of those who provide hives and/or shop space and/or equipment in support of OBA workshops.

The undersigned affirmatively waives any claim, or right of claim, against:

- (1) The Olympia Beekeepers Association;
- (2) Olympia Beekeepers Association officers or members; and
- (3) Property owners on whose property where Olympia Beekeepers Association event is held or whose equipment is used in Olympia Beekeepers workshops, for damages, including but not limited to all medical and associated disability and death expenses, arising out of the Participant's involvement in workshops or other activities of the Olympia Beekeepers Association and/or damages arising from the act of beekeeping.

Further, the undersigned hereby agrees to hold harmless the Olympia Beekeepers Association, its officers or any one of its members from any claim that may be asserted in connection with the participation in the Olympia Beekeepers Association itself, or in connection with the act of beekeeping, and shall be responsible for paying any costs and attorney fees incurred by Olympia Beekeepers Association in defending any such claim made by the undersigned Participant. This Waiver and Hold Harmless provision shall extend to the undersigned as well as their successors and/or heirs.

By affixing my signature hereto, I hereby affirm that I have fully read, understand, and agree to all of the provisions above.

Participant's Printed Name

Participant's Signature

Date

If the Participant is a minor, the undersigned hereby gives his and/or her consent to have their child participate in beekeeping activities and programs through the Olympia Beekeepers Association, and have fully read, understand, and agree to all of the provisions above.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

DRAFT