Olympia Beekeepers Association

Swarm/Colony Removal Hold Harmless Agreement

Property Owner/Tenant Printed Name_____

Street Address_____

      There are inherent risks associated with being in the vicinity of bees or the activity of removing bees from buildings or other structures, 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 beekeeping activities.

      By signature below, the undersigned (also referred to as Property Owner/Tenant) assumes all risks, dangers, or hazards associated with observing or assisting in bee removal activities, using hand and power tools associated with the removal of bees, and will hold harmless any person or persons participating in this removal activity for damages, including but not limited to reconstruction expenses, and all medical and associated disability and death expenses, arising out of the Property Owner's/Tenant's involvement in or observation of such activities.

      The undersigned, in the absence of negligence or unlawful acts, affirmatively waives any claim, or right of claim, against:

1)   The Olympia Beekeepers Association; and
2)   Olympia Beekeepers Association officers or members.

      Further, the undersigned shall 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 undersigned's participation with the Olympia Beekeepers Association or its agents, or in connection with the act of the removal of bees, and shall be responsible for any costs and attorney fees incurred by the Olympia Beekeepers Association in defending any such claim made.

      This Waiver and Hold Harmless provision shall extend to the undersigned, as well as their successors and/or heirs.

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

Property Owner/Tenant_____ Date_____

For Olympia Beekeepers Association_____ Date_____