



Youth in Beekeeping Educational Scholarship Applicant Hold Harmless Agreement for _____

(Applicant's name, printed)

The undersigned acknowledge 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 from traffic accidents traveling to and from bee keeping activities.

By their signatures below, the undersigned hereby assume all risks, dangers, or hazards associated with working with bees. The undersigned also agree to provide transportation for their child to participate in LCBA events required by the scholarship program.

The undersigned affirmatively waives any claim, or right of claim, against the Lewis County Beekeepers Association and any of its officers or members for damages arising out of the Applicant's participation in activities of the Lewis County Beekeepers Association and/or the act of beekeeping. Further, the undersigned hereby agrees to hold harmless the Lewis County Beekeepers Association, its officers or any one of its members of the claim that may be asserted in connection with the participation in the Lewis County Beekeepers Association or in the act of beekeeping, to include costs and attorney's fees reasonably incurred in defending a claim. This Waiver and Hold Harmless provision shall extend to the undersigned as well as their successors and/or heirs.

The undersigned hereby attests to the following: (please check one)

_____ Neither the applicant nor any member of his/her family has a known allergy to honey bee venom or honey bee products.

_____ The Applicant and/or any member of his/her family is known to have allergic reactions to honey bee venom or honey bee products.*

**If you have checked "The Applicant and/or any member of his/her family is known to have allergic reactions to honey bee venom or honey bee products", please explain on an attached separate sheet of paper the nature of the allergy and why you still wish to give your consent to have the applicant participate in beekeeping through the Lewis County Beekeepers Association. In addition, the applicant and family agree that should the applicant win the scholarship, LCBA advises the applicant to get skin or allergy blood tests for bee venom response; if the test shows clinical allergic response, the applicant is advised to get an epi-pen or other medication prescribed by the applicant's doctor, before starting scholarship activities.*

By affixing my signature hereto, I hereby affirm that I have fully read and understand all of the provisions above and that I hereby give my consent to have my child participate in beekeeping activities and programs through the Lewis County Beekeepers Association.

Parent/Guardian Signature

Printed Name

Date

Parent/Guardian Signature

Printed Name

Date