



Bees Alive Club
 4th Annual Bee Day Workshop
 June, 22nd 2019 - Nixa, MO

We are all a buzz that you have decided to join us at Bees Alive Club's 4th Annual Bee Day Workshop!

Our Keynote Speaker this year is the amazzzzing, Cathy Misko. Her keynote seminar, The “Art and the Science” for Successful Beekeeping: Back to the Basics, will cover realities, foundational and essential facts, scientific and “reading the bees” principals, the meat and potatoes or appropriately known as the “pollen and nectar” of Beekeeping in 2019. Some principals in nature stay the same, some change with the times...we as beekeepers can marry the two and enjoy the “always learning and fascinating” beekeeping adventure!

There will be many additional class opportunities for you to participate in during the course of the day including but not limited to Beginner Beekeeping, Integrated Pest Management, Small Scale Queen Rearing, Natural Beekeeping, Native Pollinator Garden, Harvesting Honey, Cooking with Honey and more. There will also be opportunities to observe live hive inspections.

The workshop schedule is on our website- www.BeesAliveClub.org. In addition, there will be a booklet with the class schedule and additional information for you at check-in the day of the workshop.

4th Annual Bee Day Workshop Participant Registration Form
Participant Name(s):
Phone
Email:
Mailing Address:
City, ST, Zip

Registration Options			
Choose:	Price	Qty	
Adult Registration	\$35.00		\$
BAC Member Registration	\$30.00		\$
Child Registration (15yrs and under)	\$10.00		\$
Total:			\$

Registration fees are non-refundable.

Event location is OTC Richwood Valley Campus, 3369 W. Jackson St. Nixa, MO 65714.

Registration begins at 7:30a and event starts at 8:00a in the Atrium. We will break for lunch at 12p for one hour. Lunch is not provided. Event ends at 5:00p.

Make checks payable to: Bees Alive Club, PO Box 2056, Nixa, MO 65714
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RELEASE AND WAIVER OF LIABILITY AGREEMENT
4th Annual Bee Day Workshop – June 22nd, 2019

I, _____ ("Participant '), acknowledge that I have voluntarily applied to participate in the following activities at Bees Alive Club's 4th Annual Bee Day Workshop ("Bee Day"):

Various classes will be offered throughout the day. A fully enclosed observation hive with live bees will be on the premises. There will also be opportunities to participate in demonstrations with live honey bees in a designated outdoor location. Only those with protective gear will be permitted to participate in live demonstrations.

I AM AWARE THAT LIVE BEES WILL BE ON SITE AND THAT THEY CANNOT BE COMPLETELY CONTAINED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

(Participant) I verify this statement by placing my initials here: _____
 Parent or Guardian's initials (if under 18): _____

As consideration for being permitted by the Bees Alive Club to participate in these activities and use the premises and facilities, I forever release the Bees Alive Club and the Lessor (OTC Richwood Valley Campus, Nixa, MO), and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to:

- (i) my participation in these activities
- (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or
- (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities.

I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE BEES ALIVE CLUB, THE STATE, THE COUNTY, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian:

_____ I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed at OTC Richwood Valley Campus in Nixa, Missouri on June, 22nd 2019.

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Address: _____

Address: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM.