**** AGREEMENT REGARDING INDIVIDUAL VOLUNTEER SERVICE WITH PUGET SOUND BEEKEEPERS ASSOCIATION

**Waiver/Release and Assumption of Risk**

 Before participating in an event or project sponsored, sanctioned or supported by Puget Sound Beekeepers Association (a “PSBA Event”), all participants are required to read and sign this Waiver and Release of Liability before participating in such event or project. The Puget Sound Beekeepers Association is referred to as “PSBA.”

In consideration of participating in a PSBA Event, and for other good and valuable consideration, the sufficiency of which is hereby acknowledged, the undersigned acknowledges, agrees and states that:

I hereby volunteer my services to Puget Sound Beekeepers Association. I understand I will not be compensated for my volunteer work.

I understand that I or the Puget Sound Beekeepers Association may terminate this agreement at any time without cause, that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

There is a potential risk of injury or death from activities involved in beekeeping and activities related to beekeeping, and while particular rules, equipment and personal care may reduce this risk, the risk of injury or death does exist; and

I KNOWINGLY, WILLINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENT ACTS OR OMISSIONS OF PSBA, its employees, agents, officers, directors and members, or others, and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. I willingly agree to follow all safety rules for the event and the instructions of the instructor. If, however, I observe any unusual significant hazard during my presence or participation that may cause injury or harm to myself or others, I will remove myself from participation and bring such to the attention of the nearest instructor or PSBA representative immediately; and,

For myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the PSBA, its employees, agents, officers, directors and members, and if applicable, owners and lessors of the premises used to conduct the PSBA Event (collectively, “Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OF OR DAMAGE TO PERSON OR PROPERTY, TO THE FULLEST EXTENT OF THE LAW, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

MEDICAL INFORMATION

I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT AND ACKNOWLEDGE THAT I RECEIVED CONSIDERATION FOR EXECUTING THIS AGREEMENT.

This agreement will be in effect for the duration of my volunteer services beginning this date.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**