

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for participating in a learning workshop at the Honey Bee Research and Extension Lab in keeping honey bees, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the University of Florida, any University Organization, Alachua County Extension, the City of Gainesville, the University of Florida Board of Trustees, the State of Florida, the County of Alachua, their officers, servants, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such course activity, or while in, on or upon the premises where the activity is being conducted.
2. To the best of my knowledge, I am **not allergic to bee stings**. I am fully aware of RISKS and HAZARDS connected with the activity of keeping honey bees, including the risk of being stung by a honey bee, and I Hereby elect to voluntarily participate in said activity, and to enter the above named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs including attorney's fees, they may incur due to my participation in said activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT:

- A. I have read the foregoing Release, understand it and sign it voluntarily as my own free act and deed;
- B. No oral representations, statements, or inducements, apart from the foregoing written agreement, have been made;
- C. I am at least eighteen (18) years of age and fully competent;
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Date of Visit: _____

Signature of Participant: _____ **Date:** _____

Printed Name of Participant: _____

OR

Signature of Consenting Guardian: _____ for **Date:** _____

Printed Name of Child Participant: _____

Printed Name of Consenting Guardian: _____

This section is optional.

First and Last Name:

Email Address:

Zip Code: _____

Please circle or highlight appropriate categories:

Gender:

Male

Female

Other/Unknown

Prefer not to answer

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Other/Unknown

Prefer not to answer

Race:

Check all that apply.

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Multiracial

☐ Other/Unknown

☐ Prefer not to answer