



Cumberland County
Beekeepers Assoc

Cumberland County Beekeepers Membership

Check one: ____ New Membership ____ Renewal ____ Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: (____) _____ Cell: (____) _____

Email Address: _____

Contact Preference: ☐ Home Phone ☐ Cell ☐ Email

Beekeeping Experience

Years of experience: _____ Number of Hives: _____ Hive products produced: _____

NCSBA Member: ☐ Yes ☐ No NCSBA #: _____ NCSBA: <https://www.ncbeekeepers.org/>

☐ Certified ☐ Journeyman ☐ Master ☐ Master Craftsman

Interested in obtaining the next level: ☐ Yes ☐ No

Have you attended a bee school? ☐ Yes ☐ No Which One/Where? _____

Are you a Certified Honey Producer? ☐ Yes ☐ No

Volunteer Opportunities

Committees:

- ☐ Programming - Scheduling speakers for the monthly meetings and other member events
- ☐ Master Beekeeping Program- Assisting individuals in their goals to accomplish certifications
- ☐ Beginner Bee School- Scheduling, materials, coordinating instructors
- ☐ Outreach- Educating community, 4-H, Scouts, schools, etc...
- ☐ County and/or State Fair- Organizing a display for the chapter (circle "County" or "State" if you have a pref.)
- ☐ Swarm Team – Scout and catch swarms called in to the swarm hotline.

Additional Skills/Hobbies/Talents (doesn't have to be bee related): _____

Do you have any emergency medical training? First Aid/CPR? Are you willing to lend assistance at events? Y/N and list experience level. _____

Comments or Suggestions: _____

ADULT WAIVER

GENERAL RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT Cumberland County Beekeepers Association Events

In consideration of receiving in the training and education ("T&E") at Cumberland County Beekeepers Association Events, I hereby agree as follows:

I, _____ (PRINT CLEARLY), for myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the Cumberland County Beekeeper's Association, any associated University or Organization, the North Carolina Cooperative Extension, and their officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releasees"), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the events, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. I fully understand that there are potential risks and hazards associated with any events or Beekeeping, including, but not limited to, possible injury or loss of life. I further understand that while at the event, I may be visiting undeveloped locations and interacting with persons that are not associated with or under the control or supervision of the Releasees. Despite the potential risks and hazards associated with the events, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my participation in the events and that could result in loss, illness, personal injury, death, or property damage to me or to my property, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. I acknowledge that in the events, I am freely and voluntarily participating. I acknowledge that allergies to bee venom and products can change at any time and that I should carry an epi-pen regardless of my known allergies. I accept all risks and hazards from any potential allergic reaction during events. I further hereby agree to indemnify and hold harmless the Releasees from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels that Releasees may incur as a proximate result of any negligent or deliberate act or omission on my part during my participation in the events. In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age and fully competent.

KNOWN BEE ALLERGY: _____ NO _____ YES (MUST HAVE EPI-PEN ON PERSON)

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND VOLUNTARILY AGREE TO BE BOUND BY IT.

SIGNATURE: _____

DATE: _____ **PHONE NUMBER:** (_____) _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Emergency Contact: NAME _____

Phone Number: _____ **Relationship:** _____

Version 2023/5