

**Treasure Valley Beekeepers Club**  
**Junior Bee Club**  
**Registration Liability Release**

I give consent for my child, \_\_\_\_\_, to participate in the **Treasure Valley Beekeepers Club Junior Bee Club**, and I execute the liability release on their behalf.

I am the legal guardian of my child \_\_\_\_\_, and I assume all risks from participation in the **Treasure Valley Beekeepers Club Junior Bee Club**. My child is of the appropriate skill level and physical condition to participate in this program. If I have a question pertaining to any physical condition, I will seek medical advice prior to participation. I understand that the **Treasure Valley Beekeepers Club Junior Bee Club** does not provide any medical, life or disability insurance for any participant. I understand that the **Treasure Valley Beekeepers Club Junior Bee Club** reserves the right to restrict participation in any activity to ensure the safety of the activity for all participants.

I will not (nor will my heirs or assigns) hold the **Treasure Valley Beekeepers Club Junior Bee Club**, officers, volunteer or other agent thereof, liable for any claims, damages, injuries, death or property loss that arise from my child's participation in this program. I agree to release, indemnify and hold harmless the **Treasure Valley Beekeepers Club Junior Bee Club** officer, volunteer or agent thereof, from any such claim.

**Photo Release**

\_\_\_ By initialing here, I understand and agree that the **Treasure Valley Beekeepers Club Junior Bee Club** may use my child's name, photos and video of my child participating in the program as a part of promotional materials.

**Authorization for Medical Emergencies**

\_\_\_ By initialing here, I authorize **Treasure Valley Beekeepers Club Junior Bee Club** to secure emergency medical/surgical care from a licensed physician and/or hospital for my child \_\_\_\_\_, should such care be necessary. I understand that all reasonable efforts will be made to notify me before such action is taken, and I agree that the expense of such emergency care will be accepted by me.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

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Parent/Guardian Signature

Print Name

Date

