

**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

**Treasure Valley Beekeepers Club  
Junior Bee Club Registration 2023  
(Complete one for each child)**

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ (Cell) \_\_\_\_\_ (H) \_\_\_\_\_  
Father's Name: \_\_\_\_\_ (Cell) \_\_\_\_\_ (H) \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Child Lives with: \_\_\_mother \_\_\_father \_\_\_both    Mother Email: \_\_\_\_\_  
School Attending: \_\_\_\_\_    Father's Email: \_\_\_\_\_

Rest assured, your child's safety is of the highest priority. It is our goal to ensure your child feels physically safe, encouraged and nurtured. Yet, injuries can occur. In the unlikely event of an emergency, we will make every attempt to contact you immediately. In the event we are unable to contact you, we shall make every effort to contact the emergency contact person(s) listed:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
2nd Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(Child's allergies, injuries, behavioral concerns)

\_\_\_\_\_  
Parent/Guardian Signature                      Print Name                      Date

If you have any questions, please contact:

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(208) 994-2953