1. It is assumed that class participants are in good physical health, and no health problems exist which make class attendance dangerous to participants. As honey bee colonies are maintained at this site, no one who has a demonstrated allergy to bee stings may participate in this class.

2. No experience with beekeeping is required to participate in this course.

3. The UIUC Dept. of Entomology bees and equipment are maintained according to accepted practices, and every attempt has been made to minimize exposure to bee stings and other dangers. Participants must assume all risk of injury from stings or accidents while attending the class.

4. Consumption of alcoholic beverages is not allowed at the class site or during intermission.

5. The University of Illinois will not pay for any medical treatment arising from class activities.

6. Minors attending the short course must be supervised by a parent or guardian at all times. Age 14 is the minimum age unless special accommodations have been pre-arranged and agreed to in writing.
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the Beginning Beekeeping Class, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of the University of Illinois, its officers, employees, agents and assigns from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Beginning Beekeeping Class.

Signature of Parent of Minor          Date  
Signature of Participant             Date

Assumption of Risks: Participation in the Beginning Beekeeping Class carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries or other injuries associated with the handling of and proximity to bees, to 3) bee stings.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Beginning Beekeeping Class. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Board of Trustees of the University of Illinois HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, brought as a result of my involvement in the Beginning Beekeeping Class and to reimburse it for any such expenses incurred.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I also certify that I do not have a demonstrated allergy to bee stings.

Signature of Parent of Minor          Date  
Signature of Participant             Date