

# Central Texas Tour de Hives Participant Liability Waiver

Bee Friendly Foundation  
Tanya Phillips, President  
9874 Wier Loop Circle  
Austin, Tx 78736  
512-560-3732

**Each participant over 18 who wishes to participate in the tour activities must complete and submit a signed form.**  
Please make checks payable to Bee Friendly Foundation and mail to the address above.

Name:	How many people are in your group today?
Address:	City, State, Zip:
Telephone:	Email:
If you are a beekeeper, how many years beekeeping:	Number of Hives you have:

**YOU MUST SIGN THE LIABILITY WAIVER BELOW BEFORE PARTICIPATION IN ACTIVITIES.**

To cover the liability issues of possible injury while participating in events, participants are required to sign a Waiver of Liability.

**Central Texas Tour de Hives - Participant Liability Waiver**

In consideration of participation in the Central Texas Tour de Hives Event, the undersigned acknowledges and agrees that There is a potential risk of injury from activities involved in beekeeping, and while particular rules, equipment and personal care may reduce this risk, the risk of injury does exist; and

- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- For myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Hays County Beekeepers Association, Bee Friendly Austin, Bee Friendly Foundation, Tour de Hives and their sponsors, their officers, volunteers, other participants, and if applicable, owners and lessors of the premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, TO THE FULLEST EXTENT OF THE LAW, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
**DATE SIGNED:**

\_\_\_\_\_  
(Participant's Signature)

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this/these participant(s), do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

\_\_\_\_\_  
1-Child's Name. Please Print

\_\_\_\_\_  
2-Child's Name. Please Print

\_\_\_\_\_  
3-Child's Name. Please Print

\_\_\_\_\_  
4-Child's Name. Please Print

\_\_\_\_\_  
Parent's Name. Please Print

\_\_\_\_\_  
Emergency Phone #

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
**DATE SIGNED:**