



Registration for Beekeeping

Thank you for participating with Growing Gardens! Please complete registration by March 15, 2008. Thank you!

Name (first, last) _____ Date _____

Mailing address _____ City _____ State _____ Zip _____

Primary phone # _____ Secondary phone # _____ Email _____

Emergency contact _____

| | | |
|-------------|---------------------|--------------|
| <i>Name</i> | <i>Relationship</i> | <i>Phone</i> |
|-------------|---------------------|--------------|

Participant Acknowledgment of Risk and Release

I, the undersigned, agree for myself or for my minor child/ward, to participate with Growing Gardens of Boulder County, and understand and agree to the following:

1. I will follow instructions pertaining to my assignment and perform my service to the best of my ability.
2. I acknowledge that there are dangers and risks which may be incurred as a result of my participating in activities connected or associated with participation and I knowingly assume all risk for any injury, death, damage or loss to my person including, but not limited to: falling down; tripping; bumping; back, bone, joint, head, neck, muscle or spinal injuries or strains; cuts and/or scrapes; choking; allergies; heat stroke; heat exhaustion; sunburn; and/or other injuries; and/or any damage or loss sustained to my property.
3. In the event of any emergency, I authorize Growing Gardens of Boulder County staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care, including ambulance transport. Further, I agree that I will be responsible for payment of any and all medical services rendered.
4. I waive and release any and all claims I may have as a result of my participation against Growing Gardens of Boulder County, its officers, agents, servants and/or employees.
5. I acknowledge that I act only as a participant and do not function as an employee, agent or representative of Growing Gardens of Boulder County.
6. I give permission for media coverage of myself and/or my minor child/ward to be disseminated for public relations purposes. (**CROSS OUT** if you do not give this permission.)
7. Please send me email updates on Growing Gardens projects and activities. (**CROSS OUT** if you do not wish to receive email newsletters and/or updates.)
8. I do not have a severe allergy to beestings.

By signing below I acknowledge that I understand and agree to this Participant Acknowledgment of Risk and Release. This Acknowledgment of Risk and Release shall not be modified orally. All signatures of a minor must be accompanied by the signature of a parent or guardian.

Name (printed)

Signature of parent or guardian (if participant is a minor)

Participant Signature

Date

Payment, please make Checks to Growing Gardens

___ Whole series/material \$360 ___ Individual Classes \$50 each ___ Independently Scheduled Labs \$20/ hr

___ Donation to scholarship fund, your generosity makes it possible for those in need to attend

| Date Received | Check # | Amount | Scholarship | Balance |
|---------------|---------|--------|-------------|---------|
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