



# Registration Form

## Junior Beekeepers

## Day Camp



### Event Details:

#### **Junior Beekeeper Day Camp Level 1 (6-12 yrs)**

Dates: *July 24-27, 2018*

Location: *Campbell's Gold*

*Honey Farm & Meadery*

*2595 Lefevre Rd, Abbotsford, BC*

Daily Times: *9:30am - 3:30pm*

Cost: *\$210*

*If you require any additional information,  
please contact Judy Campbell  
on 604-856-2125 or email  
info@campbellsgold.com  
Please refer to [www.bchoney.com](http://www.bchoney.com)*

**Name of participant:**

\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

**Emergency contact details:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please return this registration form, waiver of liability and cheque payable to Campbell's Gold Honey Farm & Meadery. A deposit of \$50.00 is required at the time of registration, with the balance of the \$160 due the first day of the day camp. A minimum of 6 participants is required to run the day camp and if that number is not achieved, the deposit will be returned in full. Register early to avoid disappointment. Those families wishing to enroll more than 1 child will qualify for a family discount.

# Waiver of Liability

**RELEASE OF LIABILITY, WAIVER OF CLAIMS ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY**

To: Campbell's Gold Honey Farm & Meadery (hereinafter referred to as CG)

## **ASSUMPTION OF RISKS**

I am aware that beekeeping involves many risks, dangers and hazards including, but not limited to: reaction to bee stings, wearing protective clothing which may be hot in warmer weather, lifting of heavy honey boxes, exposure to smoke and heat from the smoker used in the hive, participating in beekeeping on farm land which may be uneven, the failure to act safely within one's own ability, negligence of other beekeeping participants and **NEGLIGENCE ON THE PART OF CG OR ITS STAFF INCLUDING THE FAILURE OF CG OR ITS STAFF TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF THIS JUNIOR BEEKEEPER DAY CAMP EXPERIENCE.** I am also aware that the risks, dangers and hazards referred to above exist throughout the day camp. **I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE JUNIOR BEEKEEPING DAY CAMP AND FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.**

In consideration of CG accepting my application and permitting me to participate in the Junior Beekeeper Day Camp, I hereby agree as follows:

1. To waive any and all claims that I have or may have in the future against CG and its owners, employees, agents, volunteers, successors and assigns (all of whom are hereinafter collectively referred to as the "Releasees") and to release the Releasees from any and all liability, for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer resulting from either my participation in or presence at the day camp activities, due to any cause, whatsoever, including negligence, breach of contract, or breach of any other statutory or other duty of care on the part of the Releasees and including the failure of the Releasees to safeguard or protect me from the risks, dangers and hazards of the bees and beekeeping during the day camp.
2. To hold harmless and indemnify the Releasees from any and all liability for any damage to property of or personal injury to any third party, resulting from my participation in or presence at the Junior Beekeeping Day Camp.
3. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.
4. This Agreement and any rights, duties, and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction and any litigation involving the parties to this Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.

In entering into this Agreement I am not relying upon any oral or written representations or statements made by the Releasees with respect to the safety of the activities other than what is set forth in this Agreement.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

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Junior Beekeeper Name

Date of Birth

Guardian Signature

Date