2026 Membership Application or Renewal

Please select your membership type and complete the information below. Both membership types cover the full calendar year, from January 1 to December 31, 2026.

_____ **Individual - $20.00**
Includes one adult

_____ **Household - $30.00**
Includes up to two adults & any minors living under the same roof

Name: _____ City of Residence: _____

Email: _____ Phone: _____

If you've selected a Household Membership, please list additional members below. Email addresses are optional and will only be used for official club business, such as our monthly newsletter. Please list additional household members on the back if needed.

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Once completed, please mail this form, your dues payment, and a completed *2026 Medical Information & Liability Release Form* for each member to the address below or give it to the Treasurer at the next SVBA meeting:

Skagit Valley Beekeepers Association
c/o Domie Bourgeois, Treasurer
1619 S 3rd St.
Mount Vernon, WA 98273

2026 Medical Information & Liability Release Form

All participants must provide the following information. This will be used only in the event of an emergency in the SVBA Apiary. If you have a Household Membership, please complete a separate form for each member.

PARTICIPANT NAME: _____ **DATE OF BIRTH:** _____

GUARDIAN NAME: _____ **GUARDIAN PHONE:** _____
(If Member is Under 18) *(If Member is Under 18)*

To the best of your knowledge, is the participant allergic to insect stings (subject to anaphylaxis)? ____**YES** ____**NO**

Does the participant carry an EpiPen or similar medication for bee stings or other allergies? ____**YES** ____**NO**

Do you have any other allergies or health concerns we should be aware of? ____**YES** ____**NO**

If **YES**, please provie more info: _____

PHYSICIAN INFORMATION:

_____ _____
Name of Primary Care Physician Phone Number

EMERGENCY CONTACT INFORMATION:

_____ _____
Name of Emergency Contact Relationship to Member

_____ _____
Best Phone Number Alternate Phone Number

→ → → → ***CONTINUE TO BACK*** → → → →

RELEASE OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

PLEASE READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS

In consideration of being allowed to participate in any event, class, or activity ("Event") organized or sponsored by the **Skagit Valley Beekeepers Association** ("SVBA"), I, the undersigned ("Participant"), agree as follows:

1. Assumption of Risk

I understand that beekeeping involves **inherent risks**, including injury, allergic reaction, property damage, or death, which may result from bees, equipment, weather, or the acts or omissions of others. I **VOLUNTARILY ASSUME ALL RISKS**, known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE** (but not the gross negligence or willful misconduct) of SVBA, its officers, members, instructors, volunteers, agents, or property owners.

2. Release of Liability

To the fullest extent allowed by law, I **RELEASE AND HOLD HARMLESS** SVBA and its representatives from **any and all claims, demands, or causes of action** arising from my participation in any Event, including claims of negligence.

3. Indemnity

I agree to **indemnify and defend** SVBA against any claim or liability brought by or on behalf of any third party arising from my actions or participation.

4. Safety and Medical Consent

I agree to follow all Event rules and safety instructions. If I observe any unsafe condition, I will remove myself from participation and inform an SVBA representative immediately. In an emergency, I authorize SVBA to obtain medical treatment for me at my expense.

5. General Terms

This agreement is binding on my heirs and assigns, governed by **Washington law**, and any dispute shall be brought in **Skagit County, WA**. If any part of this agreement is held invalid, the remainder shall remain enforceable.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I SIGN IT VOLUNTARILY AND WITH FULL KNOWLEDGE THAT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

_____
Participant Name (Please Print)

_____ _____
Participant Signature Date

IF PARTICIPANT IS UNDER AGE 18 AT TIME OF REGISTRATION:

_____ _____
Guardian Name (Please Print) Participant Name (Please Print)

_____ _____
Guardian Signature Date