



## 2025 Membership Application or Renewal

SVBA is proud to offer membership options for individuals and households in 2025. Both options cover the full calendar year, from January 1 to December 31. A Household Membership may include up to two adults and any children living with them. Please complete all pages of this packet and submit them along with your dues payment to:

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

Select Membership Type:      \_\_\_\_\_ **Individual - \$20.00**      \_\_\_\_\_ **Household - \$30.00**

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

If you've selected a Household Membership, please list additional members below. Email addresses are optional and are only used for official club business such as our monthly newsletter.

2<sup>nd</sup> Adult - Name: \_\_\_\_\_ Email: \_\_\_\_\_

Child - Name: \_\_\_\_\_ Email: \_\_\_\_\_

Child - Name: \_\_\_\_\_ Email: \_\_\_\_\_

Child - Name: \_\_\_\_\_ Email: \_\_\_\_\_

*You may list additional children in your household on the back of this page if needed.*

Please list additional child members here if needed.

**SKAGIT VALLEY BEEKEEPERS ASSOCIATION**

**APIARY LIABILITY RELEASE & EMERGENCY CONTACT INFORMATION**

Before participating in an event or project sponsored, sanctioned, or supported by Skagit Valley Beekeepers Association (an SVBA Event), all participants are required to read and sign this Waiver and Release of Liability before participating in such event or project. For Household Memberships, please print and complete this form for each member. The Skagit Valley Beekeepers Association is referred to as “SVBA.”

Participant Name:	Birth Date:
Address:	City/State:
Telephone:	Email:
Parent Name (if participant is under age 18)	Parent Email:

**Waiver/Release and Assumption of Risk**

In Consideration of participating in an SVBA Event, and for other good and valuable consideration, the sufficiency of which is hereby acknowledged, the undersigned acknowledges, agrees, and states that:

- o There is a potential risk of injury or death from activities involved in beekeeping and activities related to beekeeping, and while particular rules, equipment, and personal care may reduce this risk, the risk of injury or death does exist; and
- o I KNOWINGLY, WILLINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENT ACTS OR OMISSIONS OF SVBA, its employees, agents, officers, directors and members, or others, and assume full responsibility for my participation; and
- o I willingly agree to comply with the stated and customary terms and conditions for participation. I willingly agree to follow all safety rules for the event and the instructions of the instructor. If, however, I observe any unusual significant hazard during my presence or participation that may cause injury or harm to myself or others, I will remove myself from participation and bring such to the attention of the nearest instructor or SVBA representative immediately; and
- o For myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS the SVBA, its employees, agents, officers, directors, and members, and if applicable, owners and lessors of the premises used to conduct the SVBA Event (collectives, “Releases”).

**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 AND ACKNOWLEDGE THAT I RECEIVED CONSIDERATION FOR EXECUTING THIS AGREEMENT.**

\_\_\_\_\_  
**Participant Name- Please Print**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant Signature**

**FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION**

This is to certify and acknowledge that I, as parent or legal guardian with legal responsibility for the participant in an SVBA Event, do consent and agree to their release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above. **EVEN IF ARISING FROM THE NEGLIGENT ACTS OR OMISSIONS OF RELEASEES.**

\_\_\_\_\_  
**Parent/Guardian Name - Please Print**

\_\_\_\_\_  
**Child Name - Please Print**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Emergency Phone Number**

**MEDICAL INFORMATION:** To my knowledge, the participant is \_\_\_\_\_ / is not \_\_\_\_\_ allergic (subject to anaphylactic shock) to honey bee stings.

**EMERGENCY CONTACT INFORMATION**

All participants must complete the following. This will be used only in the event of an emergency in the SVBA Apiary:

\_\_\_\_\_  
**Participant**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Alternate Phone**

\_\_\_\_\_  
**Immediate Local Contact**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Alternate Phone**

\_\_\_\_\_  
**Family Contact**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Alternate Phone**

\_\_\_\_\_  
**Physician**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Alternate Phone**

\_\_\_\_\_  
**Neighbor**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Alternate Phone**

Do you have any allergies or health concerns we should be aware of?