

**RELEASE and INDEMNIFICATION FORM**  
**University of Guelph, Honey Bee Research Centre**

Name (please print): \_\_\_\_\_

Visit Date: \_\_\_\_\_

Group: \_\_\_\_\_

I am aware that Honeybee stings are an associated risk of attending a tour of the Honey Bee Research Centre (HBRC). HBRC staff manages both bees and the tour in a way that minimizes the risk of being stung.

- In the rare event that a sting occurs, I will inform HBRC staff; ice packs are available and staff will provide assistance.

I agree and acknowledge that I am responsible to notify the HBRC staff of a known allergy to honeybee stings upon arrival. I agree and acknowledge that anyone with a known allergy to honeybee stings can participate in the tour but should withdraw from the bee yard session. Instead, the bee yard session may be viewed through a window and a staff member will provide commentary.

**I accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting from my participation in this Tour.**

In consideration of approval to participate in this Tour, I, for myself, my heirs, next of kin, executors, administrators and assigns agree to **hereby release and forever discharge the University of Guelph**, its officers, directors, servants, employees and agents from any and all actions, claims and demands for damages, loss and injury, howsoever arising which now or may hereafter be sustained by me in consequence of my participation in the HBRC tour.

I also acknowledge the University of Guelph does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally. In these cases, I agree to be accountable in all respects for my own conduct and all actions, claims and demands for damages, loss and injury which may arise as a result of my own conduct. I acknowledge and agree not to ask the University of Guelph, its officers, directors, servants, employees and agents to accept the consequences thereof and agree to indemnify the University of Guelph, its officers, directors, servants, employees and agents from any claims or demands which might be made against the University of Guelph, its officers, directors, servants, employees and agents arising out of or as a result of my own conduct.

**I declare that I have read and understood the risks associated with a visit to the Honeybee Research Centre and the above Release and Indemnification Form in its entirety and I hereby agree to be bound by the terms and conditions. I am aware that by signing this agreement, I am waiving certain legal rights which I, my heirs, next of kin, executors, administrators and assigns may have against the University of Guelph, its officers, directors, servants, employees and agents.**

Date: \_\_\_\_\_

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

Witness: \_\_\_\_\_

\*or Signature of Parent or Legal Guardian if Tour Participant is under age of 18 years