

**S.I. ALL-A-BUZZ.....**  
**Southern Illinois Bee Association**  
**Field Day**  
**May 20, 2017**  
**402 Ava Road, Murphysboro, IL 62966**  
**8:00 am (registration/check in) 9:00 am – 5:00 pm**

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

City: \_\_\_\_\_ State \_\_\_\_ Zip code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Cost: \$35.00 – Non-Members      \$20.00 S.I.B.A. Members

**ONLY 1 REGISTRATION PER PERSON**

Make check payable to Southern Illinois Beekeeping Assoc. (SIBA)

**Mail check to:**

SIBA

P.O. Box 75

Campbell Hill, IL 62916

**LUNCH PROVIDED**

Southern Illinois Bee Association provides equal opportunities in programs. If you need a reasonable accommodation to participate in this program, please contact: [jcwill@midwest.net](mailto:jcwill@midwest.net)

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This event will feature ***LIVE ACTIVE BEE HIVES AND SWARMS***. There is a potential for bee stings at this event. Proper protective gear will be required in the bee yards. Loaner PPE will be available on site on a limited basis.

**AGREEMENT TO ASSUME RISK AND RELEASE FROM LIABILITY**

**NAME:** \_\_\_\_\_

In consideration of my participation in SIBA FIELD DAY, the below signed independently, collectively, and on behalf of myself, my heirs, legatees, personal representatives and all those claiming by or through me, consent to and does hereby discharge, release, and hold harmless the Board of the Southern Illinois Bee Association, sponsors and their affiliates, agents, volunteers, servants, assigned, successors and distributors from claims, action, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damage incurred by me or rising out of or in connection with my participation in the SIBA Field Day. I have read the foregoing and am of legal age to consent to the waiver or to give my consent to my minor child or a child for whom I am legal guardian. Checking one of the boxes below indicates I agree to the terms set forth in this waiver.

- I am age 18 or over and I have read, understand and agree to the participation waver
- I am under age 18. My parent or legal guardian named below has agreed to the terms of the waiver
- Parent or legal guardian name: \_\_\_\_\_

**REQUIRED SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_