

# Bee Camp Registration

## Participant:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ (for purposes of accommodations Male/Female/Couple)

Street Address \_\_\_\_\_ Street Address Line 2 \_\_\_\_\_

City State / Province \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Alt. Phone Number \_\_\_\_\_

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

## Emergency Contact Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Alt. Phone Number \_\_\_\_\_

**Dates attending:** (between May 1 - 201+): \_\_\_\_\_

Expected Time of Arrival: \_\_\_\_\_

Arriving by car/air/bus/train etc.: \_\_\_\_\_

Need to be picked up (where and when): \_\_\_\_\_

Fees are \$100 times the number of days (e.g. one week would be \$700)

Total fees: \_\_\_\_\_

Does the camper have any allergies, chronic illness, or medical conditions that we should be aware of for their safety? If yes, please describe.

\_\_\_\_\_

## Release

I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Michael Bush from any and all liability for injuries arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury, I hereby waive all claims against Michael Bush including all his family, all participants, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all activities and I assume that risk by participating.

I also release any photos or videos that contain my image taken in the course of the camp.

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

Campers need to bring (if possible):

Protective equipment (minimum veil, prefer jacket or suit)

Work gloves

Bedding (unless flying and this is impractical)

Paper/Notebook. Pen.

If you are driving please bring anything you think could be useful e.g. smoker, hive tool, etc.