



ROGUE COMMUNITY COLLEGE DISTRICT (RCC) BEEKEEPING HAZARDS AND RELEASE FORM

We are happy that you have decided to gain more knowledge about honeybees and the environment. This course is an introduction and will not contain all the knowledge that one needs to become a good beekeeper. It is a way to find out if you are interested in bees and beekeeping.

This document is to inform you of risks that you undertake as a result of your decision to participate in this course and what you can do to mitigate some of those risks and it also contains a release of liability.

Honeybees are indeed unique in that they have created a "social" environment within their hive to rear their young and produce honey (food for themselves and their young). By opening and going into their home, we may be viewed by them as marauders and depending upon ones' skill, the season and their mood, they may be more or less defensive.

This is why we require you to take appropriate care of your personal safety. Honeybees can sting and some people can have a profound reaction to stings, up to and including pain, itching, infection, swelling, possible death and potential damage to participant or bystanders. If you know that you have an allergy to stings, do not involve yourself in the apiary portion of this experience.

Some people also have reactions to pollen and environmental allergens and if you do, we recommend that you consult your doctor before embarking on the apiary portion of this experience and that you follow your health care provider's recommendations. Don't take the apiary portion of this class if you have medical conditions that would be aggravated by environmental conditions of the outdoors.

In the apiary portion of the course we also use smokers which mask the alarm pheromone and encourage the bees to dive into their honey or nectar supply and begin feeding (smoke makes them do what they need to do to flee fire). We try to use this smoke sparingly as it is stressful for the bees but it keeps them out of our way. If you have conditions that would be aggravated by smoke, do not take the apiary portion of this course, or remove yourself from the smoke if you are in the field.

It will be necessary that we all practice fire safety in the field. Smokers should never be left on the ground or on top of something that is flammable. Generally, the instructor will be the one handling the smoker if it is used.

In the apiary you will need to wear protective clothing. There will be some smocks available for sale at little cost and they include a headpiece. However, because this material is very thin, you will need to bring/wear a baseball cap of your own and a heavy shirt underneath it. Bee stings can penetrate even these layers on occasion. If you get a sting, rather than swatting, you can scrape away the stinger to avoid further venom.

If you wish, bring your own Diphenhydramine (Benedryl) which comes in an oral or topical form or Hydrocortisone cream or any other preparation that you use to remedy stings. We will have some on hand and your decision to use it would be your own.

Pants should be of heavier weight and loose fitting - or you can wear a loose-fitting pair over your regular pants. Please avoid wearing dark colors as bees are "programmed" to attack black and you would not want to be mistaken for a bear! Avoid fuzzy, furry and fringe type fabrics.

Wear closed toe shoes and socks and secure the pant legs at the ankle with tape or pull the socks up over the pant legs to avoid any unwelcome visitors. Alternatively, wear boots and tuck the pant legs into them.

When in the outdoors, it is always possible to encounter other insects, snakes and critters. Always check your head and body for ticks after being in outdoor areas.

Cuts, scrapes and falls are also a possible hazard in the great outdoors. Please take appropriate care to avoid these and you may need to see your provider and treat appropriately if any of these should occur.

A couple of tips: Prior to apiary, do not apply perfumes or heavily scented products. Do not bring bananas into the apiary (bananas mimic the smell of bees' alarm pheromone), follow directions, do not flail or swat at the bees (it only agitates them), if they seem overly agitated, request assistance or walk away from the area. If you need to, use a bathroom prior to getting to the apiary. Stay current with immunizations as recommended by your health care provider; especially tetanus boosters.

It is important that you know that if we believe that you need emergency assistance in the field, we will try to contact 911 in your behalf.

Finally, have fun enjoying the sound, scent and experience of the beehive. You are on the road to engaging in an ancient, cooperative practice!

By signing this you indicate that in consideration for your participation in this course, you agree to the terms and conditions of this agreement and release the instructors, off-site training or educational facility, landowners, Rogue Community College, and all its representatives or agents forever from all liability for any events arising from your participation in this course. Participant (you) certifies that Participant is in good health and has no physical condition that would prevent participation in the above-named activities. By signing, you agree to indemnify and hold harmless all of the below entities and any organizations, corporations or persons with which they are associated for any acts or omissions, whether foreseen or unforeseen, in connection with this course. You agree to save and hold harmless the below entities and persons from any claim by you, your family, estate, heirs or assigns arising out of your participation and you state that you are of lawful age and legally competent to sign this affirmation and release or that you have acquired the written consent of your parents or guardians and that you understand that the terms herein are contractual and not a mere recital. Participant consents to emergency medical treatment for Participant, at your expense, in the event such treatment is required. Participant's medical insurance shall serve as the medical coverage in the event that emergency medical assistance is required.

Participant agrees to comply with RCC's rules, standards and instructions for student behavior. Participant agrees that RCC shall have the right to enforce appropriate standards of conduct, and that it may at any time terminate participation in the RCC program or activity for failure to maintain these standards. If participation is terminated, Participant consents to being sent home at Participant's own (or Participant's parents') expense with no refund of fees.

Participant understands that Participant must abide by all RCC policies as published in the Student Catalog. According to the Student Catalog:

"The unlawful possession, use, manufacture, or distribution of controlled substances is prohibited at RCC. The use or possession of alcoholic beverages at the college or at any college-sponsored event also is prohibited. Anyone under the influence of alcohol or controlled substances may be removed, dismissed, or suspended from college functions, classes, activities, or responsibilities."

Participant understands that this section in the Student Catalog applies to all students and guests participating in field trips, club events, and all off-campus training or education, as well as on-campus events.

Release of Claims

All references in this Agreement and Release to the RCC and its agents shall include the Rogue Community College District, its officers, directors, staff members, campus directors, counselors, group leaders, employees, agents, and affiliated companies including any off-campus training partners or educational facility. All references herein to Participant shall include the parent, legal guardian, or other adult responsible for the Participant, if Participant is a minor.

Participant understands and acknowledges that RCC is not an insurer of Participant's behavior, actions or participation in the activity and RCC assumes no liability whatsoever for personal injuries or property damage to Participant or to third persons arising out of Participant's participation in such activity. In consideration of the benefit conferred upon Participant by Participant's participation in the activity described below, Participant, or Participant's parent/guardian hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless RCC and its agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant, or loss or damage to any property belonging to Participant arising out of or related to participation in this course, **including but not limited to any such loss, damage or injury that may arise as a result of the negligence of RCC.** Further, Participant agrees to indemnify and hold harmless RCC and its agents from any and all liability, losses, damages, costs, expenses, claims, actions, demands and injury of whatever nature caused to third parties, whether to person or to property, by Participant's negligent or intentional acts or omissions during the below named activity.

Participant, or parent/guardian of Participant, has carefully read these terms and understands their content and is aware that this is a release of liability and a contract between Participant or parent/guardian of Participant, and that this release shall bind Participant and Participant's personal representative, heirs, and next of kin. This Agreement shall be governed by Oregon law regardless of the location of the activity. Participant, or parent/guardian of Participant, acknowledges and agrees that this release of liability is intended to be as broad and inclusive as is permitted by the laws of the State of Oregon and that if any portion hereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I, the designated Participant, understand that if I am under 18 years of age a Parent/Guardian must sign this release form as well, authorizing emergency medical treatment as deemed necessary. I understand that this Agreement may not be modified other than in writing signed by all parties to this Agreement.

Signature of Student/Participant	Date	Printed Name
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Signature of Parent/Guardian (if student is under 18)	Date	Printed Name
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