

Bee Camp 2024 Registration. Work Week May (17)18-22, Bee Camp May (22)23-27(28)

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: : _____

Expected Date/Time of Arrival: _____

Arriving by car/air/bus/train etc.: _____

Need to be picked up (where and when): _____

Fees are \$1,000 for the week. \$100 non-refundable deposit in advance and \$900 on arrival.

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 and not flying):

Protective equipment (minimum veil, prefer jacket or suit)
Work gloves
Bedding (unless flying and this is impractical)
Paper/Notebook. Pen. Flashlight. Towel.
If you are driving please bring anything you think could be useful e.g. smoker, hive tool, etc.

You can fill this out and email it as a pdf or print it and mail it and the \$100 deposit to:
Michael Bush
1603 Pollard Dr
Nehawka, NE 68413
USA