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BEEKEEPERS ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Consent and Release Form

Authorization to photograph and release contact information for BASF purposes

I (or we) _____ hereby give BASF the right

to use my (our) contact information and photograph in any Beekeepers Association of Southwest Florida BASF publication, on website (<http://swfbees.com>), or in media promotions as BASF sees fit. This would also include my minor children should they be photographed while they accompany me at any BASF meeting, event or function. I am over 18 years of age. I have read this release and I am familiar with its contents.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Signed (Primary Member): _____ Date: _____

Signed (Secondary, i.e. Spouse, etc.): _____ Date: _____

Consent for a Minor

I am the parent or the guardian of the minor named above and have the legal authority to execute the above release.

Name(s) of Minor Children: _____

Signed (Parent or Legal Guardian): _____ Date: _____