

RELEASE

I (We) realize that when engaged in wild mushroom activities, serious physical injury and personal property damage may accidentally occur. I (We) further realize that there is the possibility of having an allergic reaction to, or being poisoned by eating wild mushrooms, and that the adverse reactions to eating wild mushrooms range from mild indigestion to fatal illness.

Knowing the risks, I (We) agree to assume the risks, and agree to release, hold harmless and indemnify the Minnesota Mycological Society, and any officer or member thereof, from any and all legal responsibility for injuries or accidents incurred by myself or my family during, or as a result of any mushroom identification, field trip, excursion, publication, meeting, dining or any other activity sponsored by the MMS.

Signature:

Date: _____

Signature:

Date: _____