

**Puget Sound Mycological Society
Liability Release**

By signing below, I confirm that I have read and agree to the following:

- I understand that there are risks in engaging in mushroom activities, including for example getting lost, suffering serious physical injury or death, incurring damage to personal property, and having an adverse reaction to mushrooms, which ranges from mild indigestion to fatal illness.
- I willingly and voluntarily accept these risks and take total responsibility for my own safety and well-being and that of each family member and guest, including any minor under the age of 18, who accompanies me, and for the protection of my and their personal property, while participating in Puget Sound Mycological Society (“PSMS”) activities.
- I agree to release, hold harmless and indemnify PSMS and its officers, trustees, volunteers and other members from all liability for personal property damage, injuries or accidents incurred by myself, my family or my guests during or as a result of any PSMS field trip, excursion, publication, meeting, mushroom identification or other activity sponsored by PSMS.
- This release is part of the consideration I give in order to be allowed to participate in PSMS activities. I intend this release to apply to me, my family (including my minor children) and guests, and anyone who may have the right to make a claim on my or their behalf.

Signature 1: _____ **Date:** _____

Print Name 1: _____

Signature 2: _____ **Date:** _____

Print Name 2: _____

Minor Children who are part of my family membership:

Name: _____

Name: _____

Name: _____

Name: _____