Release

I (We) realize that when engaged in wild mushroom activities, that serious physical injury and personal property damage may accidentally occur. I (We) further realize that there is always the possibility of having an allergic reaction to or being poisoned by the eating of wild mushrooms and that these 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 to indemnify the Asheville Mushroom Club, 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, walk, foray, field trip, excursion, meeting or dining, sponsored by the club.

DATE:_____ __ **FORAY LOCATION**: _____

PRINT NAME	**EMERGENCY CONTACT PHONE #**

PRINT NAME PHONE #	EMERGENCY CONTACT