Colorado Mycological Society
Foray Sign-up and Release Statement

By attending this event and signing this Sign-up and Release, I state that I am a current member, or a guest on this day of a member, of the Colorado Mycological society (CMS). I am aware that cooking or eating wild mushrooms may be hazardous to my health, including sickness, permanent injury/impaired senses, even death. I also understand the risks associated with hunting wild mushrooms, including but not limited to: getting lost in the woods, or possibly suffering life and limb threatening injuries as a result of exposure or slipping, falling, stumbling, etc. Knowing the foregoing and assuming all risks, I especially release and waive any claims that I may have or may have had and I agree to hold harmless the CMS, its members, officers, and any other persons involved with the CMS from liability which I might assert because of this event or the results of this event. I willingly assume all of the above risks.

Further, In registering for or attending this event, I agree to assume total responsibility during this event for my own safety and well being, and that of any minor children under my care, and for the protection of my and their personal property. I release the Colorado Mycological society (CMS), its trustees, officers, and any other persons involved with the CMS, and all other persons assisting in the planning and presentation of this event from liability for any sickness, injury or loss I or any minor children under my care may suffer during this event or as a result of attending and participating.

This release and promise are part of the consideration I give in order to attend this event. I understand that it affects my legal rights. I intend it to apply not only to me but to anyone who may have the right to make a claim on my behalf. I promise not to file a lawsuit or make a claim against any of the persons listed above, even if they accidentally cause me or my minor children injury or loss.

Foray Location: _____ **Date:**_____ **Foray Leader:** _____

Attendee Name (Printed):	**Attendee Signature:**