

MUSHROOM CLUB OF GEORGIA

MEMBERSHIP APPLICATION

Memberships are for one calendar year beginning January 1st. Joining in September through December starts your membership then and extends it for the entire following year. Joining any other month extends your membership only until December 31st.

Check Membership Level:

_____	\$15 Full Time Student	_____	\$200 Individual Lifetime
_____	\$25 Individual	_____	\$300 Family Lifetime
_____	\$30 Family	_____	\$500 Supporting*

**Supporting Membership includes a Family Lifetime Membership*

(Please Print Clearly)

TOTAL ENCLOSED: Cash \$ _____ Check # _____ Today's Date ____/____/____ Circle one: New or Renewal

Name _____ Address _____

City _____ State _____ Zip Code _____ Phone (____) _____ Cell (____) _____

Email Address _____ (We will send your newsletter to this address)

Liability and Release Form Each individual over age 18 must sign a separate liability release form

I realize that when consuming wild mushrooms, as well as while foraging for wild mushrooms, or while harvesting and collecting wild mushrooms, I may suffer physical injury.

I expressly acknowledge that I know that the identification of edible wild mushrooms is an activity that always carries with it the risk that a poisonous mushroom may be misidentified as an edible wild mushroom. I further expressly acknowledge that I know that consuming a wild mushroom that has been incorrectly identified as edible, when it is in fact poisonous, carries with it the risk of illness and that such illness may range from mild indigestion to death. I further expressly acknowledge that I know that even in those cases where death does not result from eating a wild mushroom that has been incorrectly identified as edible the adverse effects of consuming a poisonous mushroom can include permanent injury or permanent physical impairment.

Moreover, I further expressly acknowledge that I know that when eaten even an edible wild mushroom may cause the person who has consumed the mushroom to suffer an allergic reaction and that such a reaction may range from mild indigestion to death. I further expressly acknowledge that I know that even in those cases where death does not result from an allergic reaction to eating a wild mushroom the adverse effects of consuming a wild mushroom can be permanent or can result in permanent physical impairment.

I expressly acknowledge that I know that while foraging for wild mushrooms or harvesting and collecting wild mushrooms I may suffer physical injury related to these activities, including the consequences of exposure to poisonous plants and contracting insect or animal borne diseases. I expressly acknowledge that I know that such injuries can be permanent or can result in permanent physical impairment.

Knowing the risks, I agree to assume the risks associated with consuming wild mushrooms, as well as the risks associated with foraging for wild mushrooms and with harvesting or collecting wild mushrooms.

I expressly agree to release and hold harmless the Mushroom Club of Georgia, and any officer or member thereof, from any and all legal responsibility for injuries, including death, incurred by me either during, or as a result of, any mushroom walk, foray, field trip, excursion or meeting that is sponsored or undertaken by the Mushroom Club of Georgia.

I expressly agree to release and hold harmless the Mushroom Club of Georgia, and any officer or member thereof, from any and all legal responsibility for injuries, including death, incurred by me as a result of any mushroom identification, mushroom ingestion or other mushroom consumption that is sponsored or undertaken by the Mushroom Club of Georgia.

I expressly assume the legal responsibility for injuries, including death, incurred by minor children under my care, either during, or as a result of, any mushroom walk, foray, field trip, excursion or meeting that is sponsored or undertaken by the Mushroom Club of Georgia.

I expressly assume the legal responsibility for injuries, including death, incurred by minor children under my care, either during or as a result of any mushroom identification, mushroom ingestion or other mushroom consumption that is sponsored or undertaken by the Mushroom Club of Georgia.

Should any suit or claim be asserted against the Mushroom Club of Georgia, or any officer or member thereof, that a Court concludes is covered by this Release of Liability and Express Assumption of Risk I further agree to pay the Mushroom Club of Georgia, or any officer or member who was a party to such suit or claim, the costs of defending such suit or claim, including attorneys' fees.

The laws of Georgia are to govern the interpretation and validity of the terms and provisions of this Release of Liability and Express Assumption of Risk.

Member's Name (please print clearly) _____ Date: _____

Member's Signature _____

Name of minor children, if any, that you are signing for: _____

Please return completed, signed and dated form with check payable to "Mushroom Club of Georgia"
Please mail to: **Mushroom Club of Georgia, Treasurer, 4642 Crepe Myrtle Circle SE, Marietta, GA 30067-4622**