



Western Pennsylvania Mushroom Club

WPMC MEMBERSHIP FORM

Anyone who has an interest in wild mushrooms is welcome to become a WPMC member.

COMPLETE THIS FORM **PRINT CLEARLY**, SIGN AND MAIL

Benefits: WPMC newsletter • Nine monthly WPMC meetings • Free participation in WPMC walks • Discount for WPMC forays

NEW MEMBERSHIP: RENEWAL:

Name (s) _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

E-mail (PLEASE PRINT CLEARLY) _____

Interests (e.g.: foraging, identification, cooking, etc.) _____

PLEASE PRINT IN PLAIN BLOCK LETTERING. TAKE SPECIAL CARE WITH EMAIL ADDRESSES: numeral "1," uppercase "i" and lowercase "l" look the same.

Please return completed, signed and dated form (with check payable to Western PA Mushroom Club) to:

WPMC, c/o Jared Delaney, 1912 Chislett Street, Pittsburgh, PA 15206 • treasurer@wpamushroomclub.org
or visit <http://wpamushroomclub.org/about/join/> to pay using a credit card.

Please indicate your newsletter/event announcement preference: Electronic via e-mail Hardcopy via US mail (\$10 additional)

\$15 Individual \$20 Family \$10 Full-time Student \$10 Newsletter Hardcopy Amount enclosed: \$ _____

Western Pennsylvania Mushroom Club Release and Indemnification Agreement

This Release and Indemnification Agreement (the "Agreement") is entered into by and between the Western Pennsylvania Mushroom Club, as it is presently organized and may be later structured ("WPMC") and the undersigned Member (the "Member") on this _____ day of _____, 20_____.

WHEREAS, WPMC is a non-profit educational organization that has as its principal purpose the sharing of mushroom-related information among its members; and

WHEREAS, all officers, directors, identifiers and members serve WPMC in a voluntary capacity and receive no remuneration for their services; and

WHEREAS, in cases where WPMC charges a fee for its forays, walks, lectures and other events (collectively "WPMC Events"), it is doing so only to cover its direct costs and does not operate in a for-profit capacity; and WHEREAS, the Member understands that there is inherent and unavoidable risk in outdoor activities relating to hunting and consuming wild mushrooms. These risks include but are not limited to the dangers of hiking in difficult terrain, the possibility of misidentifying a wild mushroom, and the possible allergic or toxic reaction that some individuals may have to otherwise edible mushrooms.

NOW THEREFORE, the Member hereby agrees to the following:

1. The Member assumes all risks associated with WPMC Events. The Member expressly acknowledges that it is the Member's sole responsibility to hike safely and to determine whether a wild mushroom may be consumed.
2. The Member releases, holds harmless, and indemnifies the WPMC, its officers, directors, identifiers, and representatives from any and all liability relating to any injury or illness incurred by the Member or the Member's family members as a result of participation in a WPMC Event.

This Agreement shall be governed by the laws of the Commonwealth of Pennsylvania. If any portion of the Agreement is declared for any reason to be invalid or unenforceable, such invalidity shall not affect any other provision of the Agreement. This Agreement shall apply to all current and future WPMC events.

MEMBERS:

SIGNATURE (IF PARTICIPANT IS UNDER AGE 21, SIGNATURE OF PARENT OR GUARDIAN). PLEASE PRINT NAME:

1 _____ 1 _____

2 _____ 2 _____

3 _____ 3 _____

4 _____ 4 _____