



WPMC SIGN-IN SHEET

LOCATION: _____

DATE: _____

LEADER: _____

IMPORTANT NOTE: ATTENDEES ASSUME ALL RISKS ASSOCIATED WITH WPMC EVENTS. THE ATTENDEE EXPRESSLY ACKNOWLEDGES THAT IT IS HIS/HER SOLE RESPONSIBILITY TO HIKE SAFELY AND TO DETERMINE WHETHER A WILD MUSHROOM MAY BE CONSUMED. THE ATTENDEE 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 ATTENDEE OR THE ATTENDEE'S FAMILY MEMBERS AS A RESULT OF PARTICIPATION IN A WPMC EVENT.

WPMC MEMBER	NAME	ADDRESS / PHONE / EMAIL
<input type="checkbox"/> 1.
<input type="checkbox"/> 2.
<input type="checkbox"/> 3.
<input type="checkbox"/> 4.
<input type="checkbox"/> 5.
<input type="checkbox"/> 6.
<input type="checkbox"/> 7.
<input type="checkbox"/> 8.
<input type="checkbox"/> 9.
<input type="checkbox"/> 10.
<input type="checkbox"/> 11.
<input type="checkbox"/> 12.
<input type="checkbox"/> 13.
<input type="checkbox"/> 14.
<input type="checkbox"/> 15.
<input type="checkbox"/> 16.
<input type="checkbox"/> 17.
<input type="checkbox"/> 18.



WPMC SIGN-IN SHEET

LOCATION: _____

DATE: _____

LEADER: _____

IMPORTANT NOTE: ATTENDEES ASSUME ALL RISKS ASSOCIATED WITH WPMC EVENTS. THE ATTENDEE EXPRESSLY ACKNOWLEDGES THAT IT IS HIS/HER SOLE RESPONSIBILITY TO HIKE SAFELY AND TO DETERMINE WHETHER A WILD MUSHROOM MAY BE CONSUMED. THE ATTENDEE 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 ATTENDEE OR THE ATTENDEE'S FAMILY MEMBERS AS A RESULT OF PARTICIPATION IN A WPMC EVENT.

WPMC MEMBER	NAME	ADDRESS / PHONE / EMAIL
<input type="checkbox"/> 19.
<input type="checkbox"/> 20.
<input type="checkbox"/> 21.
<input type="checkbox"/> 22.
<input type="checkbox"/> 23.
<input type="checkbox"/> 24.
<input type="checkbox"/> 25.
<input type="checkbox"/> 26.
<input type="checkbox"/> 27.
<input type="checkbox"/> 28.
<input type="checkbox"/> 29.
<input type="checkbox"/> 30.
<input type="checkbox"/> 31.
<input type="checkbox"/> 32.
<input type="checkbox"/> 33.
<input type="checkbox"/> 34.
<input type="checkbox"/> 35.
<input type="checkbox"/> 36.



WPMC SIGN-IN SHEET

LOCATION: _____

DATE: _____

LEADER: _____

IMPORTANT NOTE: ATTENDEES ASSUME ALL RISKS ASSOCIATED WITH WPMC EVENTS. THE ATTENDEE EXPRESSLY ACKNOWLEDGES THAT IT IS HIS/HER SOLE RESPONSIBILITY TO HIKE SAFELY AND TO DETERMINE WHETHER A WILD MUSHROOM MAY BE CONSUMED. THE ATTENDEE 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 ATTENDEE OR THE ATTENDEE'S FAMILY MEMBERS AS A RESULT OF PARTICIPATION IN A WPMC EVENT.

WPMC MEMBER	NAME	ADDRESS / PHONE / EMAIL
<input type="checkbox"/> 37.
<input type="checkbox"/> 38.
<input type="checkbox"/> 39.
<input type="checkbox"/> 40.
<input type="checkbox"/> 41.
<input type="checkbox"/> 42.
<input type="checkbox"/> 43.
<input type="checkbox"/> 44.
<input type="checkbox"/> 45.
<input type="checkbox"/> 46.
<input type="checkbox"/> 47.
<input type="checkbox"/> 48.
<input type="checkbox"/> 49.
<input type="checkbox"/> 50.
<input type="checkbox"/> 51.
<input type="checkbox"/> 52.
<input type="checkbox"/> 53.
<input type="checkbox"/> 54.



WPMC SIGN-IN SHEET

LOCATION: _____

DATE: _____

LEADER: _____

IMPORTANT NOTE: ATTENDEES ASSUME ALL RISKS ASSOCIATED WITH WPMC EVENTS. THE ATTENDEE EXPRESSLY ACKNOWLEDGES THAT IT IS HIS/HER SOLE RESPONSIBILITY TO HIKE SAFELY AND TO DETERMINE WHETHER A WILD MUSHROOM MAY BE CONSUMED. THE ATTENDEE 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 ATTENDEE OR THE ATTENDEE'S FAMILY MEMBERS AS A RESULT OF PARTICIPATION IN A WPMC EVENT.

WPMC MEMBER	NAME	ADDRESS / PHONE / EMAIL
<input type="checkbox"/> 55.
<input type="checkbox"/> 56.
<input type="checkbox"/> 57.
<input type="checkbox"/> 58.
<input type="checkbox"/> 59.
<input type="checkbox"/> 60.
<input type="checkbox"/> 61.
<input type="checkbox"/> 62.
<input type="checkbox"/> 63.
<input type="checkbox"/> 64.
<input type="checkbox"/> 65.
<input type="checkbox"/> 66.
<input type="checkbox"/> 67.
<input type="checkbox"/> 68.
<input type="checkbox"/> 69.
<input type="checkbox"/> 70.
<input type="checkbox"/> 71.
<input type="checkbox"/> 72.



WPMC SIGN-IN SHEET

LOCATION: _____

DATE: _____

LEADER: _____

IMPORTANT NOTE: ATTENDEES ASSUME ALL RISKS ASSOCIATED WITH WPMC EVENTS. THE ATTENDEE EXPRESSLY ACKNOWLEDGES THAT IT IS HIS/HER SOLE RESPONSIBILITY TO HIKE SAFELY AND TO DETERMINE WHETHER A WILD MUSHROOM MAY BE CONSUMED. THE ATTENDEE 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 ATTENDEE OR THE ATTENDEE'S FAMILY MEMBERS AS A RESULT OF PARTICIPATION IN A WPMC EVENT.

WPMC MEMBER	NAME	ADDRESS / PHONE / EMAIL
<input type="checkbox"/> 73.
<input type="checkbox"/> 74.
<input type="checkbox"/> 75.
<input type="checkbox"/> 76.
<input type="checkbox"/> 77.
<input type="checkbox"/> 78.
<input type="checkbox"/> 79.
<input type="checkbox"/> 80.
<input type="checkbox"/> 81.
<input type="checkbox"/> 82.
<input type="checkbox"/> 83.
<input type="checkbox"/> 84.
<input type="checkbox"/> 85.
<input type="checkbox"/> 86.
<input type="checkbox"/> 87.
<input type="checkbox"/> 88.
<input type="checkbox"/> 89.
<input type="checkbox"/> 90.



WPMC SIGN-IN SHEET

LOCATION: _____

DATE: _____

LEADER: _____

IMPORTANT NOTE: ATTENDEES ASSUME ALL RISKS ASSOCIATED WITH WPMC EVENTS. THE ATTENDEE EXPRESSLY ACKNOWLEDGES THAT IT IS HIS/HER SOLE RESPONSIBILITY TO HIKE SAFELY AND TO DETERMINE WHETHER A WILD MUSHROOM MAY BE CONSUMED. THE ATTENDEE 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 ATTENDEE OR THE ATTENDEE'S FAMILY MEMBERS AS A RESULT OF PARTICIPATION IN A WPMC EVENT.

WPMC MEMBER	NAME	ADDRESS / PHONE / EMAIL
<input type="checkbox"/> 91.
<input type="checkbox"/> 92.
<input type="checkbox"/> 93.
<input type="checkbox"/> 94.
<input type="checkbox"/> 95.
<input type="checkbox"/> 96.
<input type="checkbox"/> 97.
<input type="checkbox"/> 98.
<input type="checkbox"/> 99.
<input type="checkbox"/> 100.
<input type="checkbox"/> 101.
<input type="checkbox"/> 102.
<input type="checkbox"/> 103.
<input type="checkbox"/> 104.
<input type="checkbox"/> 105.
<input type="checkbox"/> 106.
<input type="checkbox"/> 107.
<input type="checkbox"/> 108.