Date: _____

Missouri Mycological Society

Sign In Sheet

Location _____ **Event Leader** _____

Location's Contact & Phone _____

Liability Release and Promise Not to Sue

I understand there is some risk in participating in a mushroom foray and/or conference: all those risks one assumes by being away from home, risks associated with moving about in fields and woods, risks involved in eating wild mushrooms, risks of losing personal property by theft or misplacement, and all other expected and unexpected risks. In registering for or attending this foray, 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 Missouri Mycological Society (MOMS), its trustees, officers, employees, contractors, 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. I further promise not to file a lawsuit or make a claim against any of the persons listed above, even if they negligently cause me or my minor children injury or loss. Finally, I agree to hold MOMS harmless from any liability it may incur as a result of any damages to _____ _____ property I may cause. This release and promise is part of the consideration I give in order to attend this event. I understand 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.

Please Print Legibly

Name	Email Address	Phone

NOTE: PLEASE SEND THIS FORM TO: **Odile Tompkins**
5290 Waterman Blvd. #6E
St. Louis, MO 63108

OR EMAIL: **ohdtompkins@gmail.com**

optionally **also to: James Savens**
P.O. Box 6112
St. Louis, MO 63139

jbsavens4@hotmail.com