# Liability Release Form

Event: ______________________________
Location: ______________________________
Date: ______________________________
Leader: ______________________________

KITSAP PENINSULA
MYCOLOGICAL SOCIETY
P.O. Box 3082
Bremerton WA 98310

The purpose of the Kitsap Peninsula Mycological Society is to educate amateurs in the identification of mushrooms and to encourage increasing knowledge and awareness of fungi. The emphasis is on safely enjoying wild edible mushrooms for personal use.

Kitsap Peninsula Mycological Society foray locations have been discovered, shared and handed down by KPMS members. Please be respectful of these locations, in both communications and personal use. We encourage you to discover new locations to share with the club rather than privately exploiting our locations.

I understand that participation in the above Event may be hazardous. In signing below, I assume risk of harm, injury, property damage or getting lost which may occur as a result of participating in the Event above. I hereby release Kitsap Peninsula Mycological Society and its officers, employees, or agents from any liability, costs and damages resulting from my participation in the Event above.

| | Name | Signature | 1stAidCert | Cell Phone |
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