



**ROCHESTER AREA MYCOLOGICAL ASSOCIATION**

**MEMBERSHIP APPLICATION AND DISCLAIMER AGREEMENT**

Membership (per household).....\$20

**Each member of the household must sign the Membership Agreement.**

(Please make checks payable to **Tyler Bailey**)

Name(s).....

Address.....

City.....State.....Zip.....

Phone.....e-mail.....

As a condition to participating in activities associated with the Rochester Area Mycological Association, I 'or we' agree to the following:

- I understand that the identification of mushrooms can be difficult and technical. I understand that the consumption of mushrooms, fungi, and other flora can be dangerous.
- I understand that information provided by RAMA is not sufficient enough to base my judgement on which mushrooms, fungi, or flora to consume. Any decision made to consume a mushroom, fungi, or flora is based on my own personal knowledge. I take full responsibility and assume any risk for any decision I make in conjunction with RAMA activities.
- I agree that I will not sue or bring claim, cause of action, demand, or complaint against RAMA or its individual officers or members and their heirs in the event that any injury or event related to the consumption of mushrooms, fungi or flora.
- I understand that forays and field trips can include walking distances and trails which at times may prove difficult and strenuous. I agree to hold harmless RAMA and its individual officers or members from any injuries sustained while on any foray or field trips related to RAMA activities.

**I HAVE CAREFULLY READ THIS AGREEMENT AND KNOW THE CONTENTS THEREOF AND SIGN IT AS MY OWN FREE ACT**

Signature.....Signature.....

Please send or deliver this membership form and waiver plus a check for \$20 made out to **Tyler Bailey** to:

JUNE JOHNSTON

1985 SALT ROAD

FAIRPORT, NY 14450