

New Member/Membership Renewal Form

Name: (printed) _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Enclosed please find check or money order for (check one):

____ \$15.00 annual family membership

____ \$150.00 life family membership

Both types of membership include our bi-monthly newsletter, The Mushroom Log, which will be emailed to you as well as available on the members-only portion of our website in perpetuity.

Would you like to be an OMS volunteer? In what way? _____

How did you hear about our group? _____

OMS will not share your information with any other group, business or individual, ever.

LIABILITY RELEASE AND PROMISE NOT TO SUE:

I understand that participating in the activities of a mushroom club involves a moderate amount of risk. This includes all of the risks of being away from home, risks associated with moving about in fields and woods, risks of encountering inclement weather, risks involved in eating wild mushrooms, risks of losing personal property by theft or misplacement, and all other expected and unexpected risks, including illness or injury. While a member of the Ohio Mushroom Society; or as a non-member attending any event hosted by the Ohio Mushroom Society, I agree to assume total responsibility 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 Ohio Mushroom Society, its board members, club members, contractors, and any and all entities such as parks or preserves, or any private property owner who may host an Ohio Mushroom Society event, and all other persons assisting in the planning and presentation of any Ohio Mushroom Society event, from liability for any sickness, injury, or loss I or any minor children under my care may suffer during any event or as a result of attending or participating. I further promise not to file a lawsuit or make a claim against any of the persons or entities set forth above, even if they negligently cause me or my minor children injury or loss. I agree to hold the Ohio Mushroom Society harmless from any liability they may incur as a result of any damages to any property I may cause. This release and promise is part of the consideration I give in order to be a member of the Ohio Mushroom Society, or to attend any event which they host or attend, whether a member or a non-member. I understand this 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.

Signature: _____ **Date:** _____

Return form and check or money order to: Ohio Mushroom Society,
c/o Jerry Pepera, 8915 Knotty Pine Lane, Chardon, OH 44024