



Central Pennsylvania

Mushroom Club

71 Long Lane East,
Rimersburg, Pa. 16248

Membership Application

This entire form (two pages) is to be completed and mailed with payment to the above address, or turned in with your dues at a Club event. You must be of legal age (18) to join. Please use a separate application form for each family member that is joining. Central Pennsylvania Mushroom Club (CPMC) is an all-electronic organization. **To be added to the club list-serve (receive club announcements and meeting reminders via email) send an email to: cpmc31@yahoo.com and put "please add me" in the subject line.**

Calendar year dues are \$20; if you join after October 1, your membership continues through the following calendar year. Make checks payable to: Central PA Mushroom Club and mail to the address above, or turn in at a Club activity.

This application is for: A renewing member A new member

Name: _____ (first) _____ (last)

Address: _____

City: _____ State: _____

Zip Code: _____ E-Mail: _____

Land Line: _____ Cell: _____

CENTRAL PENNSYLVANIA MUSHROOM CLUB RELEASE AND INDEMNIFICATION AGREEMENT

This release and Indemnification Agreement (the Agreement) is entered into by and between the Central Pennsylvania Mushroom Club, as it is presently organized and may be later structured (CPMC) and the under signed Member (the Member) on this _____ (day) of _____ (month), 20____ (year)

WHERE AS CPMC is a non-profit educational organization that has as its principle purpose the sharing of Mushroom related information among its members, and,
WHERE AS all officers, directors, identifiers and members serve CPMC in a voluntary capacity and receive no remuneration for their services; and,
WHERE AS, in cases where CPMC charges a fee for its forays, walks, lectures and other events (collectively CPMC events), it is doing so only to cover its direct costs and does not operate in a for-profit capacity; and,
WHERE AS, the Member understands that there is inherent and unavoidable risk in outdoor activities relating to hunting and consuming wild mushrooms. These risks include but are not limited to the dangers of hiking in difficult terrain, the possibility of misidentifying a wild mushroom, and the possible allergic or toxic reaction that some individuals may have to otherwise edible mushrooms,

NOW THEREFORE the Member hereby agrees to the following:

1. The Member assumes all risks associated with CPMC Events. The Member expressly acknowledges that it is the Member's sole responsibility to hike safely and to determine whether a wild mushroom may be consumed.
2. The Member releases, holds harmless, and indemnifies the CPMC, its officers, directors, identifiers, and representatives from any and all liability relating to any injury or illness incurred by the Member or the Member's family members as a result of participation in a CPMC event

This agreement shall be governed by the laws of the Commonwealth of Pennsylvania. If any portion of the Agreement is declared for any reason to be invalid or unenforceable, such invalidity shall not affect any other provision of the Agreement. This Agreement shall apply to all current and future CPMC events.

SIGNATURE: _____.

Date ____/____/____

Print name: _____

Emergency Contact Information

Please print the name and phone number of an adult emergency contact below:
