The Mushroom Forager, LLC - Richmond, Vermont

**Guided Wild Mushroom Foray - Participant Release of Liability and Assumption of Risk Agreement**

PLEASE READ BEFORE SIGNING

In the context of guided foray services for wild mushrooms, I the undersigned acknowledge, appreciate and agree that:

- Mushroom hunting involves an inherent assumption of risk, including but not limited to the risk of natural hazards such as slipping, falling (or associated injury), poison ivy, getting lost; deer ticks and potential for tick-borne disease; bee stings; or other potential animal bites or associated risks of allergy or illness; or the risk of misidentification, and I acknowledge that there are toxic and even deadly poisonous, wild mushrooms in North America that could be fatal if consumed, or could cause severe illness or allergies.

- I knowingly and freely assume all such risks as well as other potential hazards, and assume full responsibility for my participation in this guided foray and mushroom hunting activity; and I certify that I will exercise the utmost caution.

- I, for myself and on behalf of my heirs, personal representatives and next of kin hereby release, indemnify and hold harmless The Mushroom Forager, LLC, its members, officers, employees, agents or instructors from any claims, demands, losses and liability arising out of or related to any injury, disability or loss of life that occurs, or loss or damage to person or property, whether arising from my own actions, or the negligence of The Mushroom Forager, LLC; or otherwise as allowed by law.

- I have read this Release of Liability and Assumption of Risk Agreement. I fully understand its terms, and recognize that I am requesting these services and acknowledge and assume any and all associated risks. I am signing this agreement and sign it voluntarily without any inducement or coercion. For parents or guardians of participants of minor ago under 18 at time of use: This is to certify that I, as parent or guardian with legal responsibility for this participant, do consent and agree to this release as provided above, and for myself, my heirs and next of kin, I release and agree to indemnify and hold harmless The Mushroom Forager, LLC and its members, officers, employees, agents or instructors from any and all liability incident to my minor child’s involvement or participation in these programs as provided above.

Name of Participant (or parent/guardian): __________________________________________

Name of Minor (if applicable): _____________________________________________________

Signature of Participant, or Parent/Guardian: _______________________________________

Date: _______________________________