

AGREEMENT

As a condition to participating in activities in conjunction with the Maine Mycological Association, Incorporated (“MMA”), and in consideration of services provided by MMA, I agree as follows:

1. I understand that identification of mushrooms, fungi and other flora is a difficult and technical process, and that consumption of mushrooms, fungi and other flora may be dangerous. I also understand that reactions of individuals to consumption of mushrooms, fungi and other flora may vary.
2. I understand that information provided by MMA is not a sufficient basis upon which to decide to consume mushrooms, fungi or other flora. Any decision to consume mushrooms, fungi or other flora must be based upon my own personal knowledge. I take full responsibilities for and assume all risk of any decision I may make, in conjunction with MMA activities or otherwise, now or in the future, to consume mushrooms, fungi or other flora.
3. I agree, for myself, my heirs, executors and assigns, that I will not sue or bring any claim, cause of action, demand or complaint whatsoever against MMA, or its individual officers or members, and their heirs, executors and assigns for any injuries, damages, costs, expenses, loss of services or any other claim whatsoever arising at any time relating in any way to (a) consumption of mushrooms, fungi or other flora in conjunction with MMA activities or otherwise, now or in the future, by myself or any other party, or (b) my participation in any activities in conjunction with MMA. I hereby, for myself, my heirs, executors and assigns, release and forever discharge the MMA and its individual officers and members, and their heirs, executors and assigns from any claim, cause of action, demand or complaint whatsoever arising at any time out of the subject matter described in this paragraph.
4. I further agree, for myself, my heirs, executors and assigns, to indemnify and hold harmless MMA and its individual officers and members, and their heirs, executors and assigns from any claims, cause of action, demand or complaint whatsoever arising from (a) consumption of mushrooms, fungi or other flora, now or in the future, by myself or any member of my family, or by any person whose claim, cause of action, demand or complaint arises from my acts or omissions, or, (b) my acts or omissions relating to my participation in any activities in conjunction with MMA.

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

DATED: _____

Witness
(required for new members only)

Signature



MAINE MYCOLOGICAL ASSOCIATION, INCORPORATED

The Maine Mycological Association, Inc. is devoted to a better understanding of mushrooms and our environment. In winter we hold meetings, which usually include slide presentations and/or guest speakers. In the warmer months we host field trips on a regular basis. We welcome beginners as well as more advanced mushroomers.

Members are informed of upcoming events in our newsletter, MAINELY MUSHROOMS. You are invited to visit us at our meetings or on field trips. For information on upcoming events you may call or write our membership coordinator or e-mail by using the Contact link on our website at www.mushroomthejournal.com/mma/index.html.

MMA is a member of the Northeast Mycological Foray, which sponsors a three-day foray every year. As a member of MMA you will be sent notification of the event.

MMA is also affiliated with the North American Mycological Association (NAMA). NAMA publishes a newsletter, THE MYCOPHILE, bimonthly, a journal, McILVAINEA, once a year and sponsors a three-day foray at least once a year.

If you wish to become a member of NAMA also, include a check for \$32 made out to NAMA.

MMA dues: (checks payable to Maine Mycological Association, Inc.)

Children under 18	- free	Student (full time student over 18)	\$5.00
Individual	\$10.00		
Joint (2 Adults)	\$12.00		

NAME _____

ADDRESS _____

TELEPHONE _____ E-MAIL _____

As a condition of membership, please read and sign the agreement on the back of this page.

Please circle the code of your interest(s). (Based on the NAMA code list.)

- | | |
|--------------------|-----------------------|
| CU Cultivation | TE Teaching |
| PH Photography | KD Keys/Databases |
| MI Microscopy | WI Web/Internet |
| TO Toxicology | MM Medical Mycology |
| TA Taxonomy | DP Dyeing/Papermaking |
| RC Recipes/Cooking | O Other _____ |
| AC Arts/Crafts | F Forays |

We publish a membership list each year. The list is sent only to members who request it, and we do not exchange membership information with others.

If you do not wish to be listed, initial here _____.

If you wish to receive a membership list, initial here _____.

If you prefer to get your newsletter by e-mail, check here _____.

Send check(s) and this form to our membership coordinator:

Gary Marshall
5 Patio Park Lane
Gorham, ME 04038
207-839-9151