

Sign by typing in the blanks below, SAVE, and return as an attachment to [basommer@ucdavis.edu](mailto:basommer@ucdavis.edu)

**LIABILITY WAIVER**  
Sacramento Area Mushroomers (SAM)

I understand that there are risks on a mushroom foray, including but not limited to becoming lost; problems with insects, animals, and plants such as poison oak; inclement weather, poorly maintained trails, falls or other injury on the trail, or theft or car damage at the foray site. I agree to assume these unavoidable risks in return for the foray experience and therefore not to hold the foray organizers or property hosts responsible for any negative outcomes as a result of these risks.

I also realize that the primary purpose of these forays is educational, and that field identification of mushrooms is necessarily approximate and not certain. I recognize that the foray organizers do not recommend that I eat any of the mushrooms collected on the foray, and that if I voluntarily choose to eat any of the collected mushrooms, I will exercise due diligence in asking knowledgeable people to check my identification of all the mushrooms I have collected for the table (not just 1 or 2 specimens). I know there can be allergic or atypical responses to eating wild mushrooms, or to their condition, or the way they have been prepared, so I assume sole responsibility for what, if any, mushrooms I choose to eat and how I prepare them.

This waiver also extends to any guests, including minors, who accompany me on the foray. I will inform them of the risks and ensure they understand these risks.

I am signing this waiver voluntarily with full understanding of the potential hazards on a mushroom foray.

Signed (type your name here)

Today's date:

If you are a minor (under age 18), your parent or legal guardian also must sign this Waiver on your behalf.

I hereby agree and consent to the foregoing Agreement on behalf of the minor named  
(Type in minor's name)

Signed (name of parent or guardian):

Today's date: