

Fungus Fest 2022 Registration Form

**September 23, 24 and 25, 2022
PROUD LAKE STATE RECREATION AREA
3466 WIXOM RD, MILFORD, MI**

Registration fee includes Friday evening pizza/salad, Friday evening program and walks, Saturday sub sandwich lunch, Saturday evening potluck dinner (bring a dish to share **with ingredients labeled**).

PRE-REGISTRATION WITH PAYMENT IS REQUIRED AND DUE BY SEPTEMBER 19.

Names for which you are registering and paying – names, as given below, will be on name tags:

Address _____ City _____ State _____ Zip Code _____

Email address: _____ Phone _____

Registration for Members: \$30/person _____ X **\$30 =** _____
Children (Children under 8 years of age attend FREE; numbers are needed for meal counts)
Number of Children _____

Registration for Non-members: \$45/person _____ X **\$45 =** _____
(\$15 of this fee may be applied to a 1-year MMHC Membership, additional form required)

Rooms: \$20.00 per night (includes Continental Breakfast on Saturday and Sunday mornings)
Bring your own linens, blankets, pillows, etc. Bathrooms/showers are down the hall. Rooms are required to be swept and all trash removed (including from kitchen) before leaving on Sunday.

Number of rooms _____ X **Number of nights** _____ X **\$20 =** _____

TOTAL DUE: _____

Make checks payable to MMHC and mail with completed registration form.

If you wish to pay by credit card, you may do so at PayPal.com
Make payment to: mimushroomhuntersclub@yahoo.com

You must also send the completed registration form to the Treasurer by email or USPS

MAIL TO: Diane Pruden, Treasurer 1455 Edgewood Ln, Milford, MI 48381
Email: dianepruden@gmail.com

MEAL PLANNING INFORMATION

Will you attend the pizza/salad meal on Friday evening? _____ Yes _____ No
Will you attend the submarine sandwich lunch on Saturday? _____ Yes _____ No
Will you attend the potluck dinner on Saturday evening? _____ Yes _____ No

For special dietary needs, please complete the following:

Vegetarian (vegan) meals: _____ Friday _____ Saturday
Gluten free meals: _____ Friday _____ Saturday

SIGN MMHC STANDARD WAIVER ON THE BACK BEFORE MAILING

Fungus Fest Waiver Form

EACH PERSON REGISTERING FOR FUNGUS FEST 2022
MUST SIGN AND RETURN THE FORM BELOW

MICHIGAN MUSHROOM HUNTERS CLUB LIABILITY WAIVER

I hereby acknowledge and accept that there are inherent risks involved in the collection, identification and ingestion of wild mushrooms. I realize that mushroom forays are held in public woodlands where natural hazards do occur, immediate medical attention may not be available and the foray leader may not be trained in emergency treatment. I further understand that people can have known or unknown food allergies and that people can experience gastric disturbances from ingesting wild mushrooms.

In consideration of this acknowledgement and my voluntary participation in activities relating to the Michigan Mushroom Hunters Club (**MMHC**), having read this waiver and understanding the risks involved in participating in the **MMHC** events, and of the agreement by the **MMHC** to allow me to participate in its activities.

I hereby release, on behalf of myself, and my successors, heirs, assigns, executors, and administrators, the **MMHC**, its officers, directors, members and volunteers from any claims of liability or demand whatsoever, including but not limited to bodily injury, sickness, disease, death, property loss or damage, or any other loss or damage of any kind which may arise out of or in connection to my participation in **MMHC** events, whether resulting from negligence or from some other cause.

I have read and understand the forgoing Waiver of Liability, and by signing below I indicate my agreement. It is my intent to be legally restrained from asserting any claim connected herewith and I understand that this agreement is unconditional and may not be waived by any person for any reason whatever.

NAME: PLEASE PRINT

NAME: PLEASE PRINT

SIGNATURE:

SIGNATURE:

DATE: _____

DATE: _____