

## Mushroom Workshop Registration Form with Release and Indemnification Agreement

**This Release and Indemnification Agreement ("Agreement") is entered into by and between Steve Roberts and the undersigned workshop participant ("Participant"). The Participant understands that there is inherent and unavoidable risk in outdoor activities relating to hunting, collecting, and consuming wild mushrooms. These risks include but are not limited to the dangers of hiking in difficult terrain, the possibility of misidentifying wild mushrooms, and the possible allergic or toxic reaction that some individuals may have to otherwise edible mushrooms. The Participant hereby agrees to the following:**

- 1. The Participant assumes all risks associated with the workshop. The Participant expressly acknowledges that it is the sole responsibility of the Participant to hike safely and to determine whether a wild mushroom may be consumed.**
  
- 2. The Participant releases, holds harmless, and indemnifies Steve Roberts from any and all liability relating to any illness, injuries to or death of any persons, or damage to property or both, incurred by the Participant as a result of participation in the workshop or related activity, including, but not limited to, the consumption of wild mushroom(s) or an injury while hiking, regardless of how, where, or when such injury, illness, death or damage occurs even if caused by the perceived negligence of Steve Roberts, or due to conditions, participation or defects of the premises or activities.**

**This Agreement shall be governed by the laws of the State of Tennessee. 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.**

(signed) \_\_\_\_\_ (date) \_\_\_\_\_

*If a couple is attending the workshop, the second person signs below*

(signed) \_\_\_\_\_ (date) \_\_\_\_\_

Name of Workshop Participant(s) *(print clearly)* \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Workshop Fee: \$60 per person  
*make checks payable to Steve Roberts, address: 363 Dave Garrett Rd., Crossville, TN 38571*

Total amount enclosed: \_\_\_\_\_

Thank you!

*Steve Roberts*