

CONNECTICUT-WESTCHESTER MYCOLOGICAL ASSOCIATION



COMA

2014 MUSHROOM WALK SIGN-IN SHEET

Date: _____ Walk Area: _____

This form will be submitted to COMAwalks@gmail.com

In recognition of the fact that this organization is a non-profit entity, run entirely by unpaid volunteers and that there are inherent risks in participating in outdoor hiking activities, by signing below I hereby release COMA and any officer or member thereof from any and all liability arising out of or relating to any injury, accident or illness of any nature occurring during, or as a result of, this foray.

If I am not now a member of COMA, I understand that by signing this form I agree to become a provisional COMA member. Annual dues are \$25. If I do not submit the completed membership form with a payment of \$25 within 1 week of the date of this event, my provisional membership will lapse and I will have no indebtedness to COMA.

Name (print clearly)	Signature	<input checked="" type="checkbox"/> Due-paid, 2014 members check here, otherwise provide your email/phone
1 walk guide name	walk guide signature	<input type="checkbox"/> or email
2 name	signature	<input type="checkbox"/> or email
3 name	signature	<input type="checkbox"/> or email
4 name	signature	<input type="checkbox"/> or email
5 name	signature	<input type="checkbox"/> or email
6 name	signature	<input type="checkbox"/> or email
7 name	signature	<input type="checkbox"/> or email
8 name	signature	<input type="checkbox"/> or email
9 name	signature	<input type="checkbox"/> or email
10 name	signature	<input type="checkbox"/> or email
11 name	signature	<input type="checkbox"/> or email
12 name	signature	<input type="checkbox"/> or email
13 name	signature	<input type="checkbox"/> or email
14 name	signature	<input type="checkbox"/> or email
15 name	signature	<input type="checkbox"/> or email
16 name	signature	<input type="checkbox"/> or email
17 name	signature	<input type="checkbox"/> or email