

Email: Parks@WashingtonCountyMN.gov

About foraging

1. Permit is free.
2. Available annually April through October during normal park hours (6 a.m. - 10 p.m.). Applicants must apply every year.
3. Apply online or in-person at a park office.

Foraging Guidelines

- For your safety and to protect plant habitats, **only forage in areas that are clearly marked as allowed.**
- **You are responsible for correctly identifying plants.** Some poisonous plants look similar to edible ones, so be careful!
- **Know the right season to harvest each plant or mushroom.** Picking at the right time helps keep the plants healthy and ensures they are safe and good to eat.
- **Only take what you plan to use.** Leave some behind for wildlife and to allow the plants and fungi to grow back for future seasons.
- **Use the proper tools** and harvest in a way that causes as little harm to the environment as possible.
- **Do not dig up roots.** You may only collect fungi, berries, nuts, seeds, flowers, and leaves. Avoid disturbing the soil to help prevent the spread of invasive species.

By completing this form, I agree to follow these guidelines with applicable park rules and ordinances: _____
(initial here)

Foraging Release of Liability and Waiver Agreement

Participant and/or Parent or Legal guardian must read and agree to the below waivers and disclaimers.

I know that participating in this activity can be potentially hazardous. I should not participate unless I am medically able. I understand the nature of and assume all risks associated with my voluntary participation in foraging including, but not limited to, falls, contact with other participants, the effects of the weather, including extreme temperature and precipitation, ingestion or other use of edible wild mushrooms and any other foraged flora, and traffic. Knowing these facts, I, for myself, heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue and WAIVE, RELEASE AND DISCHARGE Washington County, its employees, or volunteers, and any officials affiliated with Washington County's sponsors, volunteers, their representative, successors or assigns for ANY AND ALL claims or liability, whether seen or unforeseen, for death, personal injury, or property damage arising out of, or in the course of, my participation in foraging. I further grant full permission to Washington County and named businesses and concerns, and/or agents authorized by them, to use any photographs, video tapes, motion pictures, or other record of the event for any reasonable purpose, including promotional purposes.

I certify that to the best of my knowledge and belief, I am in good health and able to tolerate the ingestion of edible wild mushrooms and any other foraged flora and the physical exertions required to collect them. I am not aware of any physical, psychological, or medical condition that poses unreasonable danger to me or other participants in foraging activities.



I agree that the material on the Washington County website and in other Washington County information on foraging is presented for general informational and educational purposes only, and under no circumstances is to be considered a substitute for identification of an actual biological specimen by a person qualified to make that judgment.

I affirm that if I am not entirely confident of the identification and edibility of a particular fungal specimen or any other foraged flora, I will seek knowledgeable assistance before sharing it with any others or using or consuming it myself.

Signature: _____

Date: _____

Printed Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email: _____

For minor participants (if any), please include below:

Name: _____

Name: _____

Name: _____

Name: _____

Optional: Are you interested in receiving an optional survey about the items you collected and where you foraged?

Yes or No (circle your answer)