

Gleaner's Liability Waiver for 2016-2017 Gleaning Season

Please complete and bring to the field with you each time you glean.

The Starred Fields are mandatory.

REQUIRED: In the event (gleaner's name) ★ _____ age ★ _____ suffers any illness or accident requiring emergency or hospitalization, medication or surgery while participating in this gleaning, on the recommendation of the doctor, after consultation with the adults in charge of this event, I hereby give my permission for any medical treatment which may deem necessary and reasonable under the circumstances, understanding that the gleaning coordinator or other responsible person will contact me at the earliest possible moment. I fully understand and comprehend that reasonable care will be exercised by the adult staff for this gleaning event to protect the safety of those involved.

Photos, videos, audio and other images in which I appear that are taken during gleanings may be used by CROS Ministries for news coverage, newsletters, publicity, reports, displays, and for other print, broadcast, web or electronic news or promotional purposes.

Safety is of paramount importance in a gleaning event. For the protection of all involved, this disclaimer is necessary: *I do not hold the board members or employees of CROS Ministries, Palm Beach County Food Bank, or any volunteers liable for any injury, bodily harm, accident or death of myself/my child during gleaning events sponsored by CROS Ministries. Neither will I hold the person(s) who own and/or operate the farm(s), business, plant, orchards, groves or the homeowner who owns the backyard, from which we glean, liable for accidents, injury, or death during the gleaning events.*

For events at Agri-Gators, Inc. the following also applies: Safety is of paramount importance in a gleaning event. For the protection of all involved, this disclaimer is necessary: *I do not hold the person(s) who own and/or operate the farm(s), or employees of Agri-Gators, or any volunteers liable for any injury, bodily harm, accident or death of myself/my child during gleaning events.*

If Gleaner is under 18 Parent must sign below

★ Signature _____
Gleaner _____ Date _____

Signature _____
Parent/guardian if gleaner is under 18 years of age _____ Date _____

Information for Emergency Medical Treatment Professionals: Date of last tetanus shot _____

List any allergies to medicine, food, etc. _____

History of serious illness (diabetes, asthma, epilepsy, etc.) or recent injuries or hospitalization: _____

Current Medication(s) _____

Notify in Case of Emergency

Name _____ Relationship _____

Cell Phone (____) _____ Alternate Phone # (____) _____

Optional Information

☐ I would like community service hours for this event. You must complete the address below.

Your Address _____ City _____ State _____ Zip _____

☐ I'd like to receive weekly notification of gleaning events for the 2016-2017 season.

E-mail address _____ @ _____

☐ I am gleaning today as a part of the following group _____