FIELDS OF GRACE LIABILTY WAIVER

Gleaner's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip_____

Phone _____ E-mail Address _____

Church or Group Name _____

Health Insurance Co. _____ Policy # _____

LIABILITY WAIVER

Please print clearly and fill in this form to the best of your knowledge.

List any medical concerns of which the gleaning coordinator should be aware: ❑ **NONE**

_____

_____

In the event _____ suffers any illness or accident requiring emergency
(insert gleaner's name)
hospitalization, medication, or surgery while participating in this gleaning, on the recommendation of the doctor and in the event of the inability to notify the emergency contact person listed below, I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstances.

Safety is of paramount importance in a gleaning event. For the protection of all involved, this disclaimer is necessary. The Undersigned hereby agrees that 2nd Harvest, the farm owners or operators participating in the program, and West Side Church, its representatives, officers, employees, volunteers and governing board members ("Indemnitees") shall not be liable for any injury (including death) to any person participating in the gleaning event, regardless of how such injury or damage be caused, sustained or alleged to have been sustained by the participant or others as a result of any condition (including defects in equipment, negligent supervision, or any other cause) or occurrence whatsoever related in any way to the gleaning event, and travel to or from said event. The Undersigned hereby releases the Indemnitees from any claim, cause of action, judgment, or liability for such injury or damage, and further accepts any risk associated with participating in the gleaning event and waives any claim for damages resulting from any injury or damage.

Signature _____ _____ Signature _____ _____
Gleaner Date Parent/Guardian, if gleaner is under 18 years of age Date

Notify in Case of Emergency:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone_____ Cell Phone_____

PLEASE READ AND INITIAL: *Photos and videos in which I appear that are taken during gleanings may be used by 2nd Harvest or West Side Church in newsletters, publicity, and for other promotional purposes.*

_____***(gleaner's initials)***