



Arkansas Gleaning Project Liability Waiver



Gleaner's Name _____ Age _____ Date of Gleaning _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Group Name _____

Group Address _____ Phone (____) _____

City _____ State _____ Zip _____

Email Address _____

I would like to receive (circle all that apply): Alliance Alert Gleaning Updates

PHOTO RELEASE, LIABILITY WAIVER AND MEDICAL FORM

Photos, videos and other images in which I or my child(ren) appear that are taken during gleanings may be used by the Arkansas Gleaning Project for news coverage, newsletters, publicity, reports, displays, and for other print, broadcast, web or electronic news or promotional purposes.

Please print clearly and fill in this form to the best of your knowledge. Use the back of the form if necessary.

List any allergies to medicines, foods, etc. _____ Date of last tetanus shot _____

List any history of serious illness (diabetes, asthma, epilepsy, etc.) or recent injuries or hospitalization

What medications are presently being taken? _____

List any concerns of which the field supervisor should be aware: _____

In the event (gleaner's name) _____ suffers any illness or accident requiring emergency 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 be deemed 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.

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 the Arkansas Hunger Relief Alliance, Society of St. Andrew or any volunteers liable for any injury, bodily harm, accidents or death of myself/my child during gleaning events sponsored by the Arkansas Gleaning Project. Neither will I hold the person(s) who owns and/or operates the farm(s) from which we glean, liable for accidents, injury, or death during the gleaning events.

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 (____) _____