

GLEANER'S FORM

Please fill out a form for each gleaner.

Gleaner's Name _____ Age _____ Date of Gleaning _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____ Email: _____
Church or Group Name _____ Denomination: _____
Group Address: _____ Phone: (____) _____
City _____ State _____ Zip _____
Church or Group Contact: _____ Position: _____ Phone: (____) _____
Address: _____

_____ I would like to receive the *Society of St. Andrew Report* (newsletter).
Photos taken during gleanings may be used by the Society of St. Andrew in newsletters, publicity, etc.

LIABILITY WAIVER

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 Society of St. Andrew (SoSA), or any volunteers liable for any injury, bodily harm, accidents or death of myself/my child during gleaning events sponsored by SoSA. 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 Parent/Guardian, if gleaner is under 18 years of age

MEDICAL FORM

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 group leaders 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.

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

Health Insurance _____ Policy # _____ SS # _____
Notify in Case of Emergency:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

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