

Gleaning Waiver

Prefix: Mr / Mrs / Ms / Miss (please circle one)

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Phone: _____

Email: _____

Additional Family Members: _____

Group, Organization, or Church: _____

Allergies and Conditions to Be Noted: _____

Emergency Contact: _____

Emergency Contact Phone: _____

I do not hold anyone involved with Gleaning, nor the owner of the property, liable for any injury, accident or death of myself or my child. I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstances, understanding that someone will contact me at the earliest possible moment.

Signature: _____

Date: _____