



LIABILITY WAIVER & MEDICAL FORM

PRINT CLEARLY. COMPLETE THIS SECTION TO THE BEST OF YOUR KNOWLEDGE. USE BACK IF NECESSARY.

Gleaner's Name _____ Age _____ Date of Gleaning _____

Address _____ City _____ State _____ Zip _____

Phones: Home (____) _____ Work (____) _____ Cell (____) _____

Email _____

Church or Group Name _____ Denomination _____

Group Address _____ City _____ State _____ Zip _____

Phone: (____) _____ Email _____

Church or Group Contact _____ Position _____ Email _____

Address _____ City _____ State _____ Zip _____

Phones: Home (____) _____ Work (____) _____ Cell (____) _____

I would like to receive: Society of St. Andrew Report quarterly newsletter Gleanings monthly electronic update

REQUIRED: *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.*

Photos, videos, audio and other images in which I appear that are taken during gleanings may be used by the Society of St. Andrew 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 the Society of St. Andrew (SoSA), or any volunteers liable for any injury, bodily harm, accidents or death of myself/my child during events sponsored by Society of St. Andrew. Neither will I hold the person(s) who owns and/or operates the property from which we glean, salvage or to which we deliver food liable for accidents, injury, or death during the gleaning or other SoSA events.

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



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 Each Gleaner Should Keep Bottom Portion on Person When Gleaning In Case of Emergency

Gleaner's Name _____ Age _____

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 _____

NOTIFY IN CASE OF EMERGENCY

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

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