

HAYWOOD GLEANERS LIABILITY WAIVER

Note: Each gleaner must complete this form and bring it to the Glean Manager on the day of your first gleaning each year.

PLEASE PRINT

Name: _____ Date: _____ Age: _____

Phone: _____ Email: _____

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 Core Committee members of the Haywood Gleaners or any volunteers liable for any injury, bodily harm, accidents or death of myself or my child during gleaning events sponsored by Haywood Gleaners. Neither will I hold the person(s) who owns and/or operates the sources from which we glean liable for accidents, injury or death during the gleaning events.

Signature _____ Signature _____
Participant Parent/Guardian if participant is under 18 years of age

I have read the Food Safety Rules

I have read the Covid-19 Safety Rules

List any medical concerns of which Glean Managers should be aware: _____

Medical Disclaimer:

In the event (participant name) _____ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while participating in any and all Haywood Gleaners gleaning, events, or other activities, on the recommendation of the Haywood Gleaners representative and/or medical attendants, I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstances. I fully understand and comprehend that reasonable care will be exercised by the adult staff for this Haywood Gleaners event to protect the safety of those involved.

Signature _____ Signature _____
Participant Parent/Guardian if participant is under 18 years of age

Notify In case of emergency:

Name _____ Relationship: _____

Home Phone: _____ Work: _____ Mobile _____