



AFTER THE HARVEST GLEANER FORM AND LIABILITY WAIVER

Please complete this form and bring it with you to the gleaning. Please fill out a form for each individual who is gleaning.

after the harvest

Gleaner's Name: _____ Birthdate: __/__/__ Gleaning Date: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Email Address: _____ Organization Name: _____

List any concerns, medical or otherwise, that the gleaning coordinator needs to know for your safety:

Notification in Case of Emergency (it is your responsibility to keep this contact information updated):

Name: _____ Relationship: _____

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

In consideration for receiving permission from After the Harvest ("ATH") to participate in gleaning, I, the undersigned participant, expressly assume all risks associated with participation in gleaning and/or traveling to and from gleaning including carpooling, including without limit, accident, injury, bodily harm or death, and agree to take reasonable precautions to avoid injury to myself and others. For myself and my heirs, representatives and assigns, I hereby release, waive, discharge and hold harmless ATH and its directors, officers, employees and agents from all liability and claims of whatever nature, **INCLUDING NEGLIGENCE AND/OR FAULT**, which I or any person claiming through me may have arising from or in any way related to my voluntary participation in gleaning. Neither will I hold liable the land owner or operator for accidents, injury or death during gleaning. I agree to follow all instructions from ATH staff and its agents. **EVEN IF I CONTEND THAT INJURY IS THE RESULT OF NEGLIGENCE OR FAULT ON THE PART OF ATH, I UNDERSTAND THAT I AM WAIVING ANY AND ALL CLAIMS OF NEGLIGENCE.**

If I suffer an illness or injury requiring emergency treatment or other medical services while participating in gleaning, I give my permission for any medical treatment deemed necessary and reasonable under the circumstances and agree that ATH and its agents will not be liable nor financially responsible for such medical treatment.

I grant ATH permission to take photographs and videos of me during gleaning and to display, publish or otherwise use any photographs, videos or any other media associated with gleaning activities which contains my image or likeness, for ATH's purposes, including without limit, news coverage and promotion purposes, including print, broadcast, web and mobile.

By signing below, I acknowledge that I have read and understand this form, and that the statements that I have made in it are true and that I am at least 18 years of age, or, ***if I am not 18 years of age, the signature and consent of my parent or legal guardian is included below.***

Signature: _____ Date: _____

Printed Name: _____

PARENTAL CONSENT, if gleaner is under 18 years of age.

I am the parent or legal guardian of the participant and give my permission for him/her to participate in gleaning with ATH. I make all of the representations and agree to the terms with respect to my child's or ward's participation in gleaning, including without limit, releasing ATH from all liability and claims on my and the participant's behalf and assuming all risks of his/her participation. I understand that I am responsible for the obligations and acts of participant as described in this document. I agree to be bound by the terms of this document.

Date: _____

Print Name of Minor Participant's Parent/Guardian

Signature of Minor Participant's Parent/Guardian

Parent/Guardian's Phone and Address, if different from above