



after the harvest  
healthy food for hungry people

## AFTER THE HARVEST FORM AND LIABILITY WAIVER

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

Volunteer Name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_

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/volunteer activity, I, the undersigned participant, expressly assume all risks associated with participation in gleaning and/or traveling to and from gleaning/volunteer activity 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/volunteer activity. 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/volunteer activity, 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/volunteer activity and to display, publish or otherwise use any photographs, videos or any other media associated with gleaning/volunteer 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. I grant After the Harvest consent to communicate with me via phone call and text message. Msg & data rates may apply. Reply STOP to cancel.

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/volunteer activity 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/volunteer activity, 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**