



**GLEANER'S FORM – REQUIRED**

Complete a form for each gleaner and bring to the gleaning event. Please print clearly.

**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 the: SoSA Quarterly Newsletter as Mail Email and / or  SoSA Gleanings monthly email update

**LIABILITY WAIVER & MEDICAL FORM**

Print clearly. Complete this section to the best of your knowledge. Use back if necessary.

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 \_\_\_\_\_

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

**NOTIFY IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_