



Connecting resources with the people who need them.

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Executive Director

Gleaning Event Location _____
Date _____

GLEANING LIABILITY FORM

Name _____ Age _____
(One form per family may be used, and can include all family members)

Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

Safety is of paramount importance in a gleaning event. For the protection of all involved, this disclaimer is necessary.

I do not hold the members or employees of **Community Service Council/Chester County Cares**, or any volunteers liable for any injury, bodily harm, accidents or death of myself/my child during gleaning events sponsored by **Community Service Council/Chester County Cares**. Neither will I hold the person(s) who owns and/or operates the farm(s) from which we glean, liable for accidents, injury, or death during the gleaning events.

Please print clearly and fill in this form to the best of your knowledge. Use back of form if necessary.

Notify in Case of Emergency:

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

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 group leaders should be aware: _____

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.

Health Insurance _____ Policy # _____

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

