Harvest of Hope

Hands-On Service/Study Events

LIABILITY WAIVER:

In the event, _____________________________________suffers any illness or accident requiring emergency hospitalization, medication, or other medical assistance while participating in a gleaning event, permission is given for any medical treatment which is deemed necessary and reasonable under the circumstances.

I fully understand and comprehend that reasonable care will be exercised by the adult staff for this Harvest of Hope event to protect the safety of those involved. I understand that the Society of St. Andrew's Staff instructions must be followed at all times, and that I am responsible for any damages caused to fields, farms, equipment, lodging, etc by me/my family members not following these instructions.

I do not hold the board, members, or employees of the Society of St. Andrew (SoSA) or any volunteers liable for injury, bodily harm, accidents, or death of myself/my child during events sponsored by the Society of St. Andrew. Neither will I hold the person(s) who owns and/or operates the farms, agencies, camps or lodging, liable for accidents, injury, or death during the Harvest of Hope event.

Participant Name (Please Print): ____

Signature of Participant: ____Date:__________

Signature of Parent/Guardian (if participant is under the age of 18):

____Date:__________

PHOTO/VIDEO USAGE WAIVER:

PLEASE CHECK ONE:

_____YES: Photos, videos, and other images in which I, or a registered family member, appear that are taken during gleanings may be used by the Society of St. Andrew for news coverage, social media, newsletters, reports, displays, and for other print, broadcast, web, or electronic news or promotional purposes

____ NO: Photos, videos, and other images in which I, or a registered family member, appear that are taken during gleanings may NOT be used by the Society of St. Andrew for news coverage, social media, newsletters, reports, displays, and for other print, broadcast, web, or electronic news or promotional purposes

FORM CONTINUED ON PAGE 2

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MEDICAL INFORMATION AND RELEASE FORM:

Medical Information on this form will only be used if needed for medical treatment.
Please print clearly and fill in this form to the best of your knowledge.
Attach an extra sheet if necessary.

Participant Name (Print): ______________________________________Date of Birth__________________

Address: ____

City: _____________________________________ State: _____________ Zip Code: ____________________

Phone: _________________________ Email: ____

Group Name: ____

Group Leader and Phone #: ____

MEDICAL INFORMATION:

Any Allergies, Food Allergies, &/or Special Health Problems or Concerns:

____

____

Date of last tetanus shot _____________

List any history of serious illness (diabetes, asthma, epilepsy, etc.) or recent injuries or hospitalization:________

____

____

Medication(s) currently taken:____

____

Medication you CANNOT take:____

____

List any concerns of which group leaders should be aware: ____

____

FORM CONTINUED ON PAGE 3

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Hands-On Service/Study Events

MEDICAL RELEASE:

In the event (name) ____________________________________ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while participating in this event, 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 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 event to protect the safety of those involved.

Other Parent/Guardian Instructions:

____

____

Signature of Participant (or Parent/Guardian if under 18 years old):

____Date:___________________

EMERGENCY CONTACT INFORMATION:

Notify in case of emergency during this event:

Name ____ Relationship _______________________________

Address ____

City ____ State _________ Zip ______________

Day Phone _____________________________ Evening Phone ____________________________

Cell Phone _____________________________ Also attending HOH? Yes No