

[LIABILITY WAIVER FORM](#)

**Western North Carolina Epilepsy Association
"Catawba County Hope - Help Our People Eat"**

Gleaner's Form - Required

Complete a form for each Gleaner & bring to the Gleaner event.

Please Print Clearly

Gleaner's Name: Age: Date of Gleaning:

Address: City: State: Zip Code:

Email: Church or Group Name:

Group Address: City: State: Zip Code:

Phone: Church or Group Contact:

In Case of Emergency Contact: Phone: Relation:

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 Tetanus shot:

List any history of serious illness (diabetes, asthmas, epilepsy, etc.) or recent injuries or hospitalizations:

What medications are presently being taken or any other medical concerns?

REQUIRED: in the event (gleanor's name) suffers any illness or accident requiring emergency hospitalization, medication, 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 planting and 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 WNC Epilepsy Association /HOPE Project for new coverage, newsletters, publicity, reports displays and for other print, broadcast, web, or electronic news, or promotional purposes.

Safety is of paramount importance in a planting and gleaning event. For the protection of all involved, this disclaimer is necessary: I do not hold the Board Members or Volunteers of the WNC Epilepsy Association , or any volunteers liable for any injury, bodily harm, accidents or death of myself/my child during planting and gleaning events sponsored by the WNC Epilepsy Association. Neither will I hold the owners of the property (Catawba County Government and Catawba County Schools) from which we plant and/or glean, liable for accidents injury, or death during events.

Signature _____

Date:

Participant

Signature _____

Date:

Parent/Guardian (if gleaner is under 16)