



FOOD *for* OTHERS

2938 Prosperity Avenue – Fairfax – Virginia 22031.2209
Telephone: (703) 207-9173 – Fax: (703) 207-9204

Gleaning Form

Gleaning Date _____ Participant's Group _____

Planned Gleaning Location _____

Summary Description of Planned Gleaning Activity _____

Participant's Name _____ Age _____

Participant's Address _____

Participant's City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail Address _____

Liability Waiver & Certification

Safety is of paramount importance in a gleaning event. For the protection of all, each participant is required to sign this Liability Waiver and Certification Form; Gleaning may involve significant physical activity, including walking, climbing, lifting, carrying and other strenuous activities. Individuals should not participate unless they are medically able. I certify to Food for Others, Inc. ("FFO") that I am medically fit to participate in gleaning activities. I agree to assume all risks from participation in gleaning. I understand that FFO has no control over the place where the gleaning will occur, or other groups and persons who will participate.

I hereby waive and release, for proper consideration received, Food for Others, Inc., its Board of Directors, Officers, volunteers or employees from any and all liability for any injury, bodily harm, accident, death or other claim of whatever kind to myself/my child arising out of my participation in gleaning activities.

Signature _____
Participant

Signature _____
Parent/Guardian
(Must be signed where Participant
is less than 18 years of age.)