

**WALLA WALLA COMMUNITY HARVEST RELEASE OF LIABILITY AND
WAIVER OF DAMAGES FORM**

Gleaner's Name _____ Age _____
Address _____ City _____ State _____ Zip _____
Phone _____ E-mail Address _____
Organization or Group Name _____

RELEASE OF LIABILITY AND WAIVER OF DAMAGES

Please print clearly and fill in this form to the best of your knowledge.

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 and in the event of the inability to notify the emergency contact person listed below, I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstances.

In order to participate as a gleaner, I understand and agree to enter this release of liability and waiver of damages. The Undersigned hereby agrees that Harvest Against Hunger, Rotary First Harvest, Blue Mountain Action Council, Walla Walla Community Harvest and the farm owners, land owners or operators participating in the program, their representatives, officers, employees, agents, volunteers and governing board members ("Indemnitees") shall not be liable for any injury (including death) to any person participating in the gleaning event, regardless of how such injury or damage be caused, sustained or alleged to have been sustained by the participant or others as a result of any condition (including defects in equipment or land, negligent supervision, or any other cause) or occurrence whatsoever related in any way to the gleaning event, and travel to or from said event. The Undersigned hereby releases and waives all claims and causes of action of any nature whatsoever against the Indemnitees from any claim, cause of action, judgment, or liability for such injury or damage, and further accepts any risk associated with participating in the gleaning event and waives any claim for damages resulting from any injury or damage.

I fully understand and comprehend that reasonable care will be exercised by the gleaning coordinator for this gleaning event to protect the safety of those involved.

Signature _____ Date _____

Signature of Parent/Guardian if under 18 _____ Date _____

Emergency Contact Name _____ Phone number _____

Photos and videos in which I appear that are taken during gleanings may be used by Blue Mountain Action Council, Walla Walla Community Harvest or Harvest Against Hunger in newsletters, publicity, and for other promotional purposes.

_____(gleaner's initials)