



Wisdom for Life

Sharing God's Wisdom – Sharing our Hearts – Service in Love
firstfruits@wisdomforlife.org * wisdomforlife.org



LIABILITY WAIVER & MEDICAL FORM

PRINT CLEARLY. COMPLETE THIS SECTION TO THE BEST OF YOUR KNOWLEDGE. USE BACK IF NECESSARY.

Volunteer's Name _____ Age _____ Date of Service _____

Address _____ City _____ State _____ Zip _____

Phones: Home(____) _____ Work (____) _____ Cell (____) _____

Email _____

Organization or Group Name _____

Group Address _____ City _____ State _____ Zip _____

Phone: (____) _____ Email _____

REQUIRED: In the event (volunteer's name) _____ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while participating in this volunteer event, on the recommendation of the doctor, after consultation with the adults 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.

Photos, videos, audio and other images in which I appear that are taken during service event may be used by Wisdom for Life for news coverage, newsletters, publicly, reports, displays, and for other print, broadcast, web or electronic news or promotional purposes.

Safety is of paramount importance in a volunteer event. For the protection of all involved, this disclaimer is necessary. I do not hold the Board, members or directors of Wisdom for Life (WFL), or any volunteers liable for any injury, bodily harm, accidents or death of myself/my child during events sponsored by Wisdom for Life. Neither will I hold the person(s) who owns and/or operates the property from which we volunteer, glean, harvest or to which we deliver food liable for accidents, injury, or death during the service event or other WFL events.

Signature _____ Signature _____
(Volunteer) (Date) (Parent/Guardian, if gleaner is under 18 years of age) (Date)

Each Volunteer Should Keep Bottom Portion on Person When Volunteering In Case of Emergency

Volunteer's Name _____ Age _____

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 the field supervisor should be aware _____

NOTIFY IN CASE OF EMERGENCY

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____