



# 2025 - 2026 GLEANER'S FORM - REQUIRED

Complete a form for each gleaner and bring to the gleaning event. Print clearly.  
PLEASE SAVE A COPY IF YOU PLAN ON GLEANING AGAIN.

Gleaner's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Gleaning \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_ Name of group, if applicable \_\_\_\_\_

☐ I'd like to be added to the weekly Gleaning email list

☐ I'd like to receive CROS Ministries' newsletter and other mailing

## LIABILITY WAIVER & MEDICAL FORM

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

List any allergies to medicine, food, etc. \_\_\_\_\_

**If Gleaner is under 18 or 18+ and still in High School Parent must sign below**

Signature \_\_\_\_\_  
Parent/Guardian if gleans is under 18 years of age

\_\_\_\_\_ Date

Supervising Adult \_\_\_\_\_

**REQUIRED:** In the event I or my child suffer any illness or accident requiring emergency or hospitalization, medication or 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 deem 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 gleanings may be used by CROS Ministries for news coverage, newsletters, publicity, reports, displays, and for other print, broadcast, web, or electronic news or promotional purposes.

Safety is of paramount importance in a gleaning event. For the protection of all involved, this disclaimer is necessary: I do not hold the officers, directors, members, employees, and/or volunteers, of CROS Ministries ("CROS") or Palm Beach County Food Bank ("PBCFB"), liable for any injury, bodily harm, accident or death of myself/my child during gleaning events sponsored by CROS Ministries. On behalf of myself and any child of mine or under my care participating in this gleaning event, I do hereby release, indemnify and hold harmless CROS and PBCFB from and against any and all liabilities, damages and causes of action arising from the negligence (including, but not limited to injury, bodily harm, accident or death) arising from any wrongful act, error or omission, or negligence by CROS or PBCFB including reasonable attorney's fees and costs, at all trial, appellate and mediation proceedings.

Neither will I hold the person(s) who own and/or operate the farm(s), business, plant, orchards, groves or the homeowner who owns the backyard, from which we glean, (Collectively, "Farmer") or Farmer's agents or employees liable for accidents, injury, or death during the gleaning events. On behalf of myself and any child of mine or under my care participating in this gleaning event, I do hereby release, indemnify and hold harmless Farmer from and against any and all liabilities, damages and causes of action arising from the negligence (including, but not limited to injury, bodily harm, accident or death) arising from any wrongful act, error or omission, or negligence by Farmer including reasonable attorney's fees and costs, at all trial, appellate and mediation proceedings.

For events at Agri-Gators, Inc./Long Land Co, Inc. properties, the following also applies: Safety is of paramount importance in a gleaning event. For the protection of all involved, this disclaimer is necessary: I hereby release, indemnify and hold harmless Agri-Gators, Inc., Long Land Co, Inc., and WPF RE, LLC, their officers, directors, members, shareholders, and employees ("Indemnified Persons") from and against any and all liabilities, causes of action, negligence (including, but not limited to, injury, bodily harm, accident or death of my child or myself) arising from any wrongful act, error or omission, or negligence by the Indemnified Persons, including reasonable attorney's fees and costs, and all trial, appellate and mediation proceedings.

Signature \_\_\_\_\_

*Gleaner*

\_\_\_\_\_ Date

Signature \_\_\_\_\_

*Parent/guardian if gleaner is under 18 years of age*

\_\_\_\_\_ Date

## NOTIFY IN CASE OF EMERGENCY

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Street address \_\_\_\_\_ City, State, & Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

☐ Please check this box if you need a community service letter sent to you.