

# Fields of Grace Volunteer Registration Form

TODAY'S DATE: \_\_\_\_\_

Gleaner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Church or Group Name *(if applicable)* \_\_\_\_\_

Place of Employment \_\_\_\_\_

1. Tell us how you would like to participate in Fields of Grace? *(Check all that apply.)*

### Gleaning Activities

- Attend Saturday morning gleaning events**
- Attend Weekday morning gleaning events**
- Transport produce to 2<sup>nd</sup> Harvest** (requires pick-up truck or utility trailer)
- Help pick up produce at area Farmer's Markets** (Thursday, Friday, or Saturday)
- Help check-in gleaning volunteers** at gleaning events

### Other Ways to Serve

- Prayer team** (prayer requests sent by email)
- Provide **administrative help** (filing, help with mailings, data entry, etc.)
- Help with **fundraising efforts**
- Help with **special Fields of Grace events** (Kick-Off Dinner; Harvest Meal, etc.)

2. How did you **hear about Fields of Grace**?

- Friend/family
- Church
- Local Media
- Website
- Facebook
- Other (Specify: \_\_\_\_\_)

3. Training Date: \_\_\_\_\_

PLEASE NOTE: You will **receive email notifications** about gleaning events.  
You can also learn about gleaning events on **Facebook, Twitter** and at [www.fields-of-grace.com](http://www.fields-of-grace.com)

**Thanks. We look forward to gleaning with you!**

⚡ Please complete **Fields of Grace Liability Waiver** on other side. ⚡

## ASSUMPTION OF RISK/WAIVER OF LIABILITY FOR GLEANING PARTICIPANTS

### DEFINITIONS

Events - Shall refer to gleaning events organized and managed by Fields of Grace, upon premises owned by Facility Owners

Facility Owners – Shall refer to the various owners and/or operators of field premises on which Events are held

Organizer - Shall refer to Fields of Grace, a Washington Non-Profit Corporation.

### ASSUMPTION OF RISK

I, \_\_\_\_\_ [print name] desire to participate in Events sponsored and managed by Organizer on premises belonging to Facility Owner (or, if applicable, desire that my minor child be permitted to participate in said Events). I certify and represent that I am 18 years of age or older as of the date of the execution of instrument, and fully capable of entering into contracts on my own behalf. If I am signing on behalf of a minor child, I certify and represent that I am the child's parent or legal guardian and authorized to execute this agreement on his/her behalf. I have received sufficient information about what is involved in participating in the Events and understand that there are certain inherent risks that may not be capable of being eliminated despite best efforts and practices. These risks include, but are not limited to: inclement weather; dangerous machinery; slippery, uneven or otherwise dangerous ground surfaces; fall risks; insects, including bees, mosquitos and other insects that may spread disease or cause allergic reactions; presence of pesticides, chemicals, and other irritant or poisonous substances; and injuries associated with lifting heavy items. I hereby agree and desire to participate in the Events in spite of said risks (or, if applicable, desire that my minor child participate in the Event, in spite of said risks).

### RELEASE AND WAIVER OF LIABILITY

In consideration for being allowed to participate in the Events, I do, on behalf of myself, my family, my heirs or legal assigns, hereby forever and perpetually release and hold completely harmless Organizer, its directors, officers, employees, members, agents and volunteers, and Facility Owner, including (if such Facility Owner is a corporate entity) such Facility Owner's corporate owners, officers, shareholders, volunteers, agents and employees and (if such Facility Owner is a government agency) such Facility

Owner's elected and appointed officials, employees, volunteers and agents, against any and all liability, costs, fees, fines or damages whatsoever for any injury or illness I may suffer or incur during or as a result of participation in Event, including any liability, injury or illness resulting from negligence of Organizer, its Board of Directors, employees, volunteers, or agents, or Facility Owner, including (if such Owner is a corporate entity) Owner's corporate owners, officers, shareholders, agents, and employees or (if such Facility Owner is a corporate entity) and (if such Facility Owner is a government agency) such

Facility Owner's elected and appointed officials, employees, volunteers and agents I also agree to, and will defend, indemnify, and hold Organizer and Facility Owner completely and fully harmless from and against any claims, lawsuits or administrative proceedings, initiated by: a) any third party as a result of, or arising from my participation in the Event; b) my child (if I am signing on behalf of my child); or c) any third party on behalf of my child. This indemnification obligation shall include indemnification for all costs and reasonable attorney's fees.

(If signing for a minor) Signing on behalf of \_\_\_\_\_, a minor child under 18 years of age.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_