

Gleanings Release Form

Release of Liability:

I/We _____ do hereby release Gleanings For The Hungry, Inc., its agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvement with Youth With A Mission, Inc.

Signature: _____ Date: ____/____/____
Month Day Year

Signature of Parent or Guardian is required if applicant is under 18 years of age:

Signature: _____ Date: ____/____/____ Relationship: _____
Month Day Year

Consent For Treatment:

In case of emergency, I/we _____ hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary. I/we also accept full responsibility for expenses related to medical care.

Signature: _____ Date: ____/____/____
Month Day Year

Signature of Parent or Guardian is required if applicant is under 18 years of age:

Signature: _____ Date: ____/____/____ Relationship: _____
Month Day Year

Gleanings For The Hungry
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