Sign- In Sheet/ Liability Waiver and Consent Form

Date: October 31st , 2020__

I will not hold Project SHARE Food Pantry, Farm/ Orchard or its owners, employees, representatives or an fellow volunteers liable for accidents, injuries or death to myself, my child or to any other person for whom I am lawful guardian, that may result from any gleaning activities, including transportation to and from the Farms/ orchard, sponsored by, arrange or participated in by the Project SHARE Food Pantry. Neither will I nor my child nor any other person for whom I am lawful guardian, hold the persons who own and/ or operate the Farm/ orchard or property on which gleaning activates occur liable for accidents, injury or death that may result from any gleaning activities. I also grant permission for my photograph to be used in materials advertising or reporting projects and activities done for or with Project SHARE.

By signing below, you are agreeing to the statement listed above.

Name	Signature of Agreement	Phone Number	Email	Group/ Organization