



Gleaning Form (Property Owner)

Gleaning Date:			
Name:			
Street Address/PO Box:			
City:	County:	State:	Zip:
Home Phone: ()	Cell Phone: ()		
Work Phone: ()	Email:		
Waiver of Liability			
Safety is of paramount importance in a gleaning event. For the protection of all involved, this disclaimer is necessary.			
I acknowledge that I have elected to participate hold Roadrunner Food Bank (RRFB), New M Sandoval County Master gardeners, Seed2N directors, agents, officers, members, volunt one of the "releases" herein) liable for any it this gleaning event. I am aware that in the property, any medical costs would have to be	exico State University, Sand leed, its membership, their eers, employees and other njury, damage, accidents or event of any injury, damage	doval County Ex respective adm participants (ea r deaths on my e, accident, or d	ktension, the ninistrators, ach considered property during
Photo Release			
Also, to encourage the continuation and exp with the event, with the approval of RRFB of use, reuse and/or publish and/or republish advertising and promoting gleaning events a Seed2Need in those events.	r Seed2Need, the right and pictures or images of me fo	permission to or the purpose of	copyright and/or of illustration,
Signature:(Property Owner)		Date:	