



Name _____, _____
(Please Print) Last First

**LUTHERAN WOMEN'S MISSIONARY LEAGUE
2019 MOBILE, ALABAMA, CONVENTION
PARTICIPANT INFORMATION, ACKNOWLEDGMENT, WAIVER, AND RELEASE FORM**

PARTICIPANT INFORMATION

The purpose of this participant information form, acknowledgment, waiver, and release is to identify each person ("Participant") who wishes to volunteer with the Lutheran Women's Missionary League ("LWML") or participates in LWML-sponsored activities. As a condition to becoming a Participant, LWML requires each person to provide the following information and to release LWML from any liability for his or her safety and well-being when volunteering for LWML and while participating in any LWML-sponsored activities including optional activities scheduled in conjunction with the Convention. LWML may copy this form for use at optional activities.

Name/Address: _____

Allergies and Other Known Health Risks/Problems: _____

Special Diet Restrictions: _____

Reaction to Diet Restriction/Medication Needed: _____

Person to Contact in the Event of an Emergency (Name, Address, Telephone Number(s), Relationship):

Health Insurance Carrier/Policy Number: _____

Medications: _____

ACKNOWLEDGMENT, WAIVER, AND RELEASE

I understand that to become a Participant, LWML requires me to acknowledge and agree that LWML assumes no, and disclaims all, liability for my safety and well-being while acting as a Participant. In consideration of LWML permitting me to be a Participant:

- (a) I acknowledge that the information set forth above is complete and accurate.
- (b) I recognize that there are certain risks inherent in events including servant activities and the mission pledge walk and will register for, and participate in, these optional events only if I am medically able and I assume the responsibility for personal injury to myself as a result of such activities.
- (c) I acknowledge and agree that LWML is an auxiliary agency of The Lutheran Church—Missouri Synod and cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being while I am a Participant.
- (d) I hereby waive, on behalf of myself and my heirs, executors and assigns, all claims arising from my participation in LWML-sponsored activities. I release and discharge LWML, its directors, officers, employees and agents from all claims, demands, actions or causes of action that I may have, now or in the future, relating to or resulting from any illness or injuries (including death), loss or damage suffered by me while I am a Participant.
- (e) I consent to any medical treatment that LWML (or any of its authorized representatives) deems to be necessary or appropriate in the event of my illness, accident or other medical emergency, and I accept full financial responsibility for any fees or expenses relating to this treatment.
- (f) I further grant permission to LWML and/or agents authorized by them to use any photographs, in webcast, video, or audio recordings or any other record of this event for any purpose.
- (g) **I hereby acknowledge that I have read this document and understand it. I further acknowledge that by signing below I voluntarily surrender certain legal rights.**

DATE: _____ PRINTED NAME: _____ SIGNATURE: _____

(If under 18) PARENT'S SIGNATURE: _____ PARENT'S NAME: _____