



NAME: (Please Print)	
_____	_____
(Last)	(First)

**LUTHERAN WOMEN'S MISSIONARY LEAGUE KANSAS DISTRICT
PARTICIPANT INFORMATION, ACKNOWLEDGEMENT, WAIVER AND RELEASE FORM**

PARTICIPANT INFORMATION

The purpose of this participant information, acknowledgement, waiver, and release form (PAW) is to identify each person ("Participant") who wishes to volunteer with the Lutheran Women's Missionary League Kansas District ("District") or participate in District-sponsored activities. As a condition to becoming a Participant, District requires each person to provide the following information and to release District from any liability for his or her safety and well-being when volunteering for District and while participating in any District-sponsored activities including optional activities scheduled in conjunction with a District event. This form may be copied for use at Kansas District activities, including, but not limited to, Biennial Conventions, Kansas Assembly of Leaders, Christian Life Retreat, Board and Committee meetings, and the Convention bus.

Address: _____

City, State, Zip Code: _____

Email Address: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Medications: _____

Special Diet Restrictions: _____

Reaction to Diet Restrictions/Medications Needed: _____

Allergies and Other Known Health Risks/Problems: _____

_____ None: _____

Health Insurance Carrier: _____

Policy Number (Optional): _____ Check if on Medicare: _____

List **two** persons to Contact in the Event of an Emergency (Name, Telephone Number(s), Relationship).
One person is your roommate or someone attending the event with you.



NAME: (Please Print)	
_____	_____
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ACKNOWLEDGEMENT, WAIVER, AND RELEASE

I understand that to become a Participant, District requires me to acknowledge and agree that District assumes no, and disclaims all, liability for my safety and well-being while acting as a Participant. In consideration of District 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 activities 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 District is a subordinate organization of the Lutheran Women’s Missionary League (“LWML”). The 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 District-sponsored activities. I release and discharge District, its directors, officers, employees and agents from all claims, demands, actions or causes 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 District (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 grant permission to the Kansas District and/or agents authorized by them to use any photographs, in web cast, video or audio recordings, social media, or any other record of this event for any purpose.

Please check ONE:

- I request that the LWML Kansas District destroy this document after the designated event.
- I grant permission for the LWML Kansas District to retain this document through the 2018-2020 Biennium.

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.

Both pages must be completed and returned together.

DATE: _____ PRINTED NAME: _____ SIGNATURE: _____

(if under 18) PARENT’S NAME: _____ PARENT’S SIGNATURE: _____