

**LWML Kansas District 2022-2024 Biennium**



**NAME** \_\_\_\_\_  
(Please Print) **FIRST** **LAST**

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

The purpose of this Participant Information and Release Form is to identify each person (“Participant”) who wishes to volunteer with the Lutheran Women’s Missionary League Kansas District (“LWML Kansas District”) or to participate in LWML Kansas District-sponsored or LWML Kansas District-related activities. As a condition to becoming a Participant, LWML Kansas District requires you to provide the following information and to release LWML Kansas District from any liability for your safety and wellbeing when volunteering for LWML Kansas District and while participating in any LWML Kansas District-sponsored or LWML Kansas District-related activities, including optional activities scheduled in conjunction with conventions or any meetings. LWML Kansas District may copy this form for use at optional activities. Please return the form as requested. The forms will be securely stored for use in this biennium by Kansas District Meeting Manager, [meetingmanager@kansaslwml.org](mailto:meetingmanager@kansaslwml.org).

Name/Address: \_\_\_\_\_

(\*the following four questions are optional as your event may require)

\*Allergies and Other Known Health Risks/Problems: \_\_\_\_\_

\*Special Diet Restrictions (not preferences): \_\_\_\_\_

\*Reaction to Diet Restriction/Medication Needed: \_\_\_\_\_

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

**GENERAL RELEASE**

The undersigned acknowledges and agrees as follows: LWML Kansas District assumes no, and disclaims all, liability for my safety and well-being while I am a Participant. In consideration of LWML Kansas District permitting me to be a Participant, I (a) acknowledge and agree that LWML Kansas District cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being; and (b) waive all claims arising from my volunteering for LWML Kansas District and participation in LWML Kansas District-sponsored or LWML Kansas District-related activities. Knowing and understanding the risks relating to my being a Participant, I release and discharge LWML Kansas District, its directors, officers, employees, and agents from all claims, demands, actions and 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.

**COVID-19 RELEASE**

Without limiting the generality of the General Release above, the undersigned acknowledges and agrees as follows: LWML Kansas District has put in place preventative measures to reduce the spread of COVID-19; however, LWML Kansas District cannot guarantee that any Participant will not become infected with COVID-19. Therefore, on behalf of myself and my heirs, executors and assigns, I understand, acknowledge and agree as follows:

- (a) COVID-19 has been declared a worldwide pandemic by the World Health Organization; and COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact;
- (b) Federal, state and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people, among other preventative measures;
- (c) Participating in LWML Kansas District-sponsored activities could increase the risk of contracting COVID-19 for me and those I come in close contact with;
- (d) I voluntarily and knowingly assume the risk that I may be exposed to or infected by COVID-19 by volunteering for LWML Kansas District or participating in LWML Kansas District-sponsored or LWML Kansas District-related activities, and that such exposure or infection may result in personal injury, illness, permanent disability and death;
- (e) I am voluntarily participating in LWML Kansas District-sponsored or LWML Kansas District-related activities and/or volunteering for LWML Kansas District for my personal benefit and the value of such benefit is sufficient consideration for my voluntary execution of, and compliance with, this Participant Information, Acknowledgment, Assumption of Risk and Release;
- (f) LWML Kansas District cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being while I am volunteering for LWML Kansas District or engaged in any LWML Kansas District event or activity;
- (g) I voluntarily acknowledge and agree to assume all risks related to COVID-19 and I accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability and death), illness, damage, loss, claim, liability or expense, of any kind, that I may experience or incur in connection with my volunteering for LWML Kansas District and/or participation in LWML Kansas District-sponsored or LWML Kansas District related activities ("Claims"); I release, covenant not to sue, discharge and agree to hold harmless LWML Kansas District, its employees, agents, and representatives, from and against the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto; and
- (h) The foregoing release includes any Claims based on the actions, omissions or negligence of LWML Kansas District, its employees, agents and representatives, whether a COVID-19 infection occurs before, during or after my volunteering for LWML Kansas District and/or my participation in any LWML Kansas District-sponsored or LWML Kansas District-related activities.

**PHOTO RELEASE**

I grant to LWML Kansas District and its assigns the right and permission to take photographs and audio and video recordings during my participation, and to retain, publish and distribute, without charge or fee, such photographs and audio and video recordings. Without limiting the foregoing, I agree that these images and recordings may be used in publications, including electronic publications and websites, and in audio-visual presentations, promotional literature, advertising, and in other similar ways.

SIGNATURE: \_\_\_\_\_  
 PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT'S SIGNATURE (if under 18): \_\_\_\_\_  
 PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_