



Participant Information Form, Acknowledgement and Release

The purpose of this Participant Information Form, Acknowledgment and Release is to identify each person (a “Participant”) who wishes to volunteer with the Lutheran Women’s Missionary League (“LWML”) or participate in LWML-sponsored activities. As a condition to becoming a Participant, LWML requires each person to provide the following information and release LWML from any responsibility for his or her safety and well-being when volunteering for LWML and while participating in LWML-sponsored activities.

Name/Address: _____

Allergies and Other Known Health Risks/Problems: _____

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

Health Insurance Carrier/Policy Number: _____

Medications: _____

ACKNOWLEDGMENT AND RELEASE

I understand that to become a Participant, LWML requires me to acknowledge and agree that LWML assumes, no, and disclaims all, responsibility 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 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 being a Participant;
- (c) I release 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) suffered by me or my possessions while being a Participant; and
- (d) 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.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____