

Participant Information, Acknowledgment, Waiver, and Release

The purpose of this participant information, acknowledgment, waiver, and release form is to identify each person (“Participant”) who wishes to volunteer with the Lutheran Women’s Missionary League Rocky Mountain District (“LWML RMD”) or participate in LWML RMD-sponsored activities. As a condition to become a Participant, LWML RMD requires each person to provide the following information and to release LWML RMD from any liability for his or her safety and well-being when volunteering for LWML RMD and while participating in any LWML RMD-sponsored activities.

Participant Name & Address:

Emergency Contact:

Please provide the Name, Address, Telephone Number, & Relationship for someone not at the event with you.

Acknowledgment, Waiver, and Release

I understand that to become a Participant, LWML RMD requires me to acknowledge and agree that LWML RMD assumes no, and disclaims all, liability for my safety and well-being while acting as a Participant. In consideration of LWML RMD 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 RMD 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;
- c) I hereby waive, on behalf of myself and my heirs, executors and assigns, all claims arising from my participation in LWML RMD-sponsored activities. I release and discharge LWML RMD, its directors, officers, 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; and
- d) I consent to any medical treatment that LWML RMD (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.
- e) I further grant permission to LWML RMD and/or agents authorized by them to use any photographs, in web cast, video, or audio recordings, or any other record of this event for any purpose.
- f) 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.

Print Name

Date

Signature

