

Name _____
(Please print) Last First

LWML CNH CONVENTION
PARTICIPANT INFORMATION, ACKNOWLEDGEMENT, WAIVER & RELEASE

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

Address _____

Allergies and Other Known Health Risks/Problems _____

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

Health Insurance Carrier/Policy Number _____

Medications _____

ACKNOWLEDGMENT, WAIVER AND RELEASE

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

1. I acknowledge that the information set forth above is complete and accurate.
2. 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.
3. I acknowledge and agree that **LWML CNH** 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.
4. I hereby waive, on behalf of myself and my heirs, executors and assigns, all claims arising from my participation in **LWML CNH**-sponsored activities. I release and discharge **LWML CNH**, 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 damages suffered by me while I am a participant.
5. I consent to any medical treatment that **LWML CNH** (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 the treatment.
6. I further grant permission to **LWML CNH** 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.

7. **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 NAME _____ PARENT'S SIGNATURE _____