



Name \_\_\_\_\_,  
(Please Print) Last First

**LUTHERAN WOMEN'S MISSIONARY LEAGUE OKLAHOMA DISTRICT  
2018 – 2020 BIENNIUM  
PARTICIPANT INFORMATION, ACKNOWLEDGMENT, WAIVER, AND RELEASE FORM**

**PARTICIPANT INFORMATION**

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

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

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

Special Diet Restrictions: \_\_\_\_\_

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

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

Health Insurance Carrier/Policy Number: \_\_\_\_\_

Medications: \_\_\_\_\_

**ACKNOWLEDGMENT, WAIVER, AND RELEASE**

I understand that to become a Participant, LWML OK District requires me to acknowledge and agree that LWML OK District assumes no, and disclaims all, liability for my safety and well-being while acting as a Participant. In consideration of LWML OK 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 events 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 LWML is an auxiliary agency of The Lutheran Church—Missouri Synod and the LWML OK District 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 LWML OK District-sponsored activities. I release and discharge LWML OK District, 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 damage suffered by me while I am a Participant.
- (e) I consent to any medical treatment that LWML OK 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 further grant permission to LWML OK District 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.
- (g) 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 SIGNATURE: \_\_\_\_\_ PARENT’S NAME: \_\_\_\_\_