



Name (please print) _____
First Name Last Name

**LUTHERAN WOMEN’S MISSIONARY LEAGUE KANSAS DISTRICT
PARTICIPANT INFORMATION, ACKNOWLEDGMENT, ASSUMPTION OF RISK AND RELEASE FORM**

The purpose of this Participant Information, Acknowledgement, Assumption of Risk 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 the Kansas District Meeting Manager, 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): _____

***NOTE:** Any major change in health will require a new form to be completed and submitted to the District.

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.

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: _____

DATE: _____

PRINTED NAME: _____

PARENT’S SIGNATURE (if under 18): _____

DATE: _____

PRINTED NAME: _____