

**This Medical/Waiver Form Must Be Filled Out And Given To Your
Convention Buddy To Keep In Their Possession Throughout The Weekend!**

**LWML CNH CONVENTION PARTICIPANT INFORMATION,
ACKNOWLEDGEMENT, WAIVER, AND RELEASE**

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, 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 LWMLCNH from any liability for his/her safety and wellbeing 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 as optional activities.

ADDRESS/CITY/STATE/ZIP: _____

ALLERGIES/KNOWN HEALTH RISKS/PROBLEMS: _____

EMERGENCY CONTACT (in case of emergency) – name, address, phone#, relationship) _____

HEALTH INSURANCE CARRIER/POLICY # _____

MEDICATIONS: _____

ACKNOWLEDGMENT, WAIVER, AND RELEASE

I understand that to become a participant, LWML CNH requires me to acknowledgment and agree that LWML CNH assumes no, and disclaims all, liability for my safety and wellbeing 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 to do so. 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 LWMLCNH-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 this 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.

PRINTED NAME: _____ **DATE:** _____

SIGNATURE: _____