Name _____
(Please Print) Last First

LUTHERAN WOMEN'S MISSIONARY LEAGUE MID-SOUTH DISTRICT
PARTICIPANT INFORMATION, ACKNOWLEDGMENT, ASSUMPTION OF RISK AND RELEASE
PARTICIPANT INFORMATION

The purpose of this Participant Information, Acknowledgment, Assumption of Risk and Release is to identify each person ("Participant") who wishes to volunteer with the Lutheran Women's Missionary League Mid-South District ("LWML Mid-South District") or to participate in LWML Mid-South District-sponsored or LWML Mid-South District-related activities. As a condition to becoming a Participant, LWML Mid-South District requires you to provide the following information and to release LWML Mid-South District from any liability for your safety and wellbeing when volunteering for LWML Mid-South District and while participating in any LWML Mid-South District-sponsored or LWML Mid-South District-related activities, including optional activities scheduled in conjunction with conventions or any meetings. LWML Mid-South District may copy this form for use at optional activities. Please complete this form and bring it with you to the retreat.

Name/Address:_____

*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):

_____

GENERAL RELEASE

The undersigned acknowledges and agrees as follows: LWML Mid-South District assumes no, and disclaims all, liability for my safety and well-being while I am a Participant. In consideration of LWML Mid-South District permitting me to be a Participant, I (a) acknowledge and agree that LWML Mid-South 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 Mid-South District and participation in LWML Mid-South District-sponsored or LWML Mid-South District-related activities. Knowing and understanding the risks relating to my being a Participant, I release and discharge LWML Mid-South 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.

COVID-19 RELEASE

Without limiting the generality of the General Release above, the undersigned acknowledges and agrees as follows: LWML Mid-South District has put in place preventative measures to reduce the spread of COVID-19; however, LWML Mid-South District cannot guarantee than any Participant will not become infected with COVID-19. Therefore, on behalf of myself and my heirs, executors and assigns, I understand, acknowledge and agree as follows:

(a) COVID-19 has been declared a worldwide pandemic by the World Health Organization; and COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact;

(b) Federal, state and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people, among other preventative measures;

(c) Participating in LWML Mid-South District-sponsored activities could increase the risk of contracting COVID-19 for me and those I come in close contact with;

(d) I voluntarily and knowingly assume the risk that I may be exposed to or infected by COVID-19 by volunteering for LWML Mid-South District or participating in LWML Mid-South District-sponsored or LWML Mid-South District-related activities, and that such exposure or infection may result in personal injury, illness, permanent disability and death;

(e) I am voluntarily participating in LWML Mid-South District-sponsored or LWML Mid-South District-related activities and/or volunteering for LWML Mid-South District for my personal benefit and the value of such benefit is sufficient consideration for my voluntary execution of, and compliance with, this Participant Information, Acknowledgment, Assumption of Risk and Release;

(f) LWML Mid-South District cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being while I am volunteering for LWML Mid-South District or engaged in any LWML Mid-South District event or activity;

(g) I voluntarily acknowledge and agree to assume all risks related to COVID-19 and I accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability and death), illness, damage, loss, claim, liability or expense, of any kind, that I may experience or incur in connection with my volunteering for LWML Mid-South District and/or participation in LWML Mid-South District-sponsored or LWML Mid-South District related activities ("Claims"); I release, covenant not to sue, discharge and agree to hold harmless LWML Mid-South District, its employees, agents, and representatives, from and against the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto; and

(h) The foregoing release includes any Claims based on the actions, omissions or negligence of LWML Mid-South District, its employees, agents and representatives, whether a COVID-19 infection occurs before, during or after my volunteering for LWML Mid-South District and/or my participation in any LWML Mid-South District-sponsored or LWML Mid-South District-related activities.

PHOTO RELEASE

I grant to LWML Mid-South 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:_____