



HEALTH AND EMERGENCY INFORMATION FORM

Please complete this required form and return it with your convention registration form

PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone _____

EMERGENCY INFORMATION

Whom should we notify in case of an accident or emergency? (Please list two people with different addresses who are not at this LWML convention with you)

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Relationship _____ Relationship _____

MEDICAL INFORMATION

Primary Insurance _____ Secondary Insurance _____

Primary Physician _____

Address _____ Telephone _____

Medications _____

Health conditions, allergies, chronic conditions _____

ACKNOWLEDGMENT, WAIVER, AND RELEASE

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

- a) I acknowledge that the information set forth above is complete and accurate;
- b) I acknowledge and agree that LWML Missouri District 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;
- c) I hereby waive, on behalf of myself and my heirs, executors and assigns, all claims arising from my participation in LWML Missouri District-sponsored activities. I release and discharge LWML Missouri 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; and
- d) I consent to any medical treatment that LWML Missouri 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.
- e) I further grant permission to LWML Missouri District and/or agents authorized by them to use any photographs in webcast, video or audio recordings or any other record of this event for any purpose.
- f) **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 _____

SIGNATURE _____

PRINT NAME _____