

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



**44<sup>th</sup> Biennial Convention June 11–13, 2026**  
**Austin, Texas**

**2026–2028 Biennium**  
**LUTHERAN WOMEN'S MISSIONARY LEAGUE TEXAS 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 Texas District (“LWML Texas District”) or to participate in LWML Texas District-sponsored or LWML Texas District-related activities. As a condition to become a Participant, LWML Texas District requires you to provide the following information and to release LWML Texas District from any liability for your safety and wellbeing when volunteering for LWML Texas District and while participating in any LWML Texas District-sponsored or LWML Texas District-related activities, including optional activities scheduled in conjunction with conventions or any meetings. LWML Texas District may copy this form for use at optional activities. This form must be completed, signed, and a physical copy on file. Bring the signed form with you to the event or scan and email in advance according to the event registration instructions.

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

Preferred Email Address: \_\_\_\_\_

**Answers to the following questions are essential in case of an emergency.**

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(s):  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL RELEASE**

The undersigned acknowledges and agrees as follows: LWML Texas District assumes no, and disclaims all, liability for my safety and well-being while I am a Participant. In consideration of LWML Texas District permitting me to be a Participant, I

(a) acknowledge and agree that LWML Texas 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 Texas District and participation in LWML Texas District-sponsored or LWML Texas District-related activities. Knowing and understanding the risks relating to my being a Participant, I release and discharge LWML Texas 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 Texas 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: \_\_\_\_\_

Check this box if you are a Host Committee Volunteer

(If under age 18) Parent's Signature: \_\_\_\_\_

Parent's Name Printed: \_\_\_\_\_