



MISSION PLEDGE WALK
Pacific Southwest District LWML Convention
Ventura, California
Sunday, June 10, 2012 -- 6:30 a.m.
Ocean Motion for Missions

MISSION WALK REGISTRATION FORM

Name: _____
(Please print)

Address: _____
(Street) (City/State) (Zip)

(Phone) (E-mail)

Medical Information: _____
(Allergies/Medications)

(Emergency Contact/Relationship/Phone)

WAIVER AND RELEASE

I will not enter the walk unless I am medically able. I agree to abide by all directives of the walk director relative to my ability to safely complete the walk. I assume all risks associated with walking in the event including, but not limited to, falls, contact with other participants, the effects of the weather, conditions of the walking surface, all such risks being known and understood.

Upon acceptance of my entry, I release the Lutheran Women's Missionary League, the City of Ventura, CA, sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event.

I grant permission to the LWML to use any photographs, video recordings or any other record of this activity for any legitimate purpose. In consideration of the safety of all participants I agree that baby joggers, baby strollers, headphones and animals, skateboards, skates and rollerblades are all prohibited.

I acknowledge and agree that LWML is a service agency of the Lutheran Church-Missouri Synod and cannot and does not accept any responsibility for my safety and well-being related to my participation in the walk.

Furthermore, I consent to such medical treatment as LWML, or any of its authorized representatives, deems necessary or appropriate in the event of my illness, accident or other medical emergency, and I accept full financial responsibility for fees and expenses relating to such treatment.

SIGNATURE: _____
(Participant, Parent or Guardian of Child under 18)

DATE: _____ PRINTED NAME: _____