



## Individual Waiver of Liability

Work Crew Project

\_\_\_\_\_  
Destination

\_\_\_\_\_  
Date

In consideration for attending, I, being 18 years or older, do for myself (and for and on behalf of my child-participant, if said child is not 18 years or older) do hereby release, forever discharge and agree to hold harmless Community Lutheran Partners, Inc., The West Virginia- Western Maryland Synod of the ELCA, Lutheran Disaster Response, home-owners, work-site coordinators, and volunteers from any and all liability, claims, or demands for personal injury, illness, and death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while participating in the above described activity or event.

Further, authorization and permission is hereby given to said group to furnish any necessary transportation, food, and lodging for this participant.

The undersigned and/or parents/guardians of the participant acknowledge that the participant will be staying at and participating in the project coordinated by Community Lutheran Partners, Inc. and Lutheran Disaster Response at my/his/her own risk. I on my own behalf, release, discharge, and indemnify Community Lutheran Partners, Inc., the WV- W MD Synod, and Lutheran Disaster Response from all liabilities for damage, injury, or illness to the mission participant or my/his/her property during his/her participation in or travel to or from any mission project or related event.

Further, I grant the leaders of the mission team permission to authorize any emergency medical procedures, should that become necessary, and to authorize treatment by a licensed physician.

Further, I authorize the leaders of the mission team on my behalf and at my account to take such measures and arrange for such medical treatment by a licensed physician and hospital treatment as the leaders of the mission team may deem advisable for the health and well-being of the participant without the need for further consent or permission.

I agree to participate fully in the projects that are planned as well as in the group activities and responsibilities.



Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

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Participant's name: (print)

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Physicians Name:

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Phone:

If participant is under 18, both parents must sign, unless separated or divorced, in which case the custodial parent/guardian must sign.

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Signature / Date: (print)

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Signature / Date: (print)

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the event.

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Signature / Date: (print)