

Summer Missions Shasta

2010

Southwinds Church of Tracy

Release of Liability/Assumption of Risk (All participants)

This form is for use by members who participate on short term missions trips to other countries:

I _____ in consideration of my acceptance as a short term volunteer on a missions trip sponsored by Southwinds Church represent and agree that:

1. I am a volunteer worker and not an employee of Southwinds Church
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including but not limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks and, subject to any insurance coverage's that may be available to me from any source, and only with respect to my church, its agents, officers, directors, and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property and I release my said church, its agents, officers, directors, and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the mission project. I further recognize that such risks have always been associated with missionary service. 2 Corinthians 11:23-28.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, and binding obligation upon me enforceable against me in accordance with its terms.
5. I am aware of the hazards and risks to my person associated with participation in a short term missions trip as described above. I further understand that my church may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible the cost of such insurance.
6. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release as my own free act.

This is a legal document and I understand that I have the opportunity to consult with an attorney before signing it.

Date

Signature

Address

City

State

Zip

IMPORTANT: If minor, signature of both parents required

Parent or Guardian

Address

City

State/Zip