

Global Out Reach Ministry
Risk Assumption Form for
Short Term Mission Volunteer Missions and
PARTICIPATION AGREEMENT

In consideration for participating on the following Liberty Heights Church short-term mission project:

In : _____
Location: _____

I agree to release, discharge, and hold harmless Liberty Heights Church, its employees, agents, and members from any and all claims or demands due to personal injury, illness or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above described event or activity.

I am aware of the hazards and risks to my person and property associated with serving in a mission capacity, such hazards and risk including, but not being 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.

I also agree to be directed by and responsible to the designated church leadership for the project. Further I agree to hold harmless and to indemnify Liberty Heights Church as well as its employees, agents, or members for any liability or expenses sustained by the Church as a result of my participation.

I agree to accept all risks subject only to any insurance coverage that may be available to me.

I attest that I have no medical condition that would prevent me from performing my duties.

I expressly agree that this assumption of risk is intended to be as broad and inclusive as permitted by Law. I further state that I have carefully read and understand the contents of this "assumption of risks" and sign this release as a voluntary act of my free will.

I hereby authorize the Church or its representatives to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

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

Signature of Participant

Date

If Minor, Parents or legal Guardians must sign:
