

LIVING HIS WORD MINISTRIES

INTERNATIONAL OUTREACH Required Paperwork

ASSUMPTION OF RISK

This form is to be completed by adults (age 18 or older on the trip departure date) and is not required for minors (under the age of 18 on trip departure date). Minors MUST submit the completed Parental Consent, Certification, and Medical Authorization form, which must be completed by their authorized parent or legal guardian and notarized.

PART 1—Assumption of Risk

I, _____ (name of volunteer-first, middle initial, and last name), in consideration of my acceptance as a short-term volunteer with Living His Word Ministries, I agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of Living His Word Ministries.
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 I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. 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 waive and release any and all claims for damages which I, or my heirs or successors, may have against Living His Word Ministries or any local group sponsoring the Living His Word Ministries Outreach trip, or any agent or employee of any such organization, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment, or as a result of my assignment.
5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian, and subject to personally elected insurance, do hereby assume all risks of death, injury, or illness that they may suffer as a result of said assignment, from those causes described above.
6. I understand and accept the following policy of Living His Word Ministries regarding ransom payments and understand that this is the policy of Living His Word Ministries, and all affiliated agencies:
Living His Word Ministries has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. Living His Word Ministries pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.
7. I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
8. I expressly agree that this assumption of risk and indemnity 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.**

PART 2—Insurance

I am aware of the hazards and risks to my person associated with serving in a missions capacity, as described above. I further understand that Living His Word Ministries does NOT provide or require travel insurance. Living His Word Ministries recommends that you contact your medical insurance provider and ascertain the limits of your coverage while traveling abroad. If you choose, you may purchase travel insurance at the airport.

PART 3—Photography

Photography Release

I, (name, please print) _____, give Living His Word Ministries the irrevocable and unrestricted right and permission to use my photograph in its publications, electronic reproductions (websites) and/or promotional materials or any other purpose and in any manner or medium. I release Living His Word Ministries, the photographer, their offices, employees, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use, I am 18 years of age or older.

Signature _____

Date _____

SIGNATURES

Date: _____

Legible signature

Address

Legible signature of spouse (if he or she will accompany you on your assignment)

Address

IMPORTANT: Please have two (2) witnesses observe your signing of this form, and have the witnesses sign below. They must be at least 18 years old, and they cannot be your relatives.

Witness' legible signature

Address

Witness' legible signature

Address

PART 4—Health Information

Name _____ Age _____ D.O.B. _____
Last First MI Month/Day/Year

Address _____
Street City State Zip

Sex: ___Male ___Female Height _____ Weight _____ Blood Type _____

In case of emergency, notify _____
Name Relationship Phone #

Do you have any known allergies? ___No ___Yes (Please list)

Do you have any dietary restrictions or food allergies? ___No ___Yes (Please list)

Are you currently using any medications? (Include prescription and non-prescription drugs, dietary supplements, herbs, etc.) ___No ___Yes (Please list)

Do you have any medical conditions or allergies to medicine that we should know about in the event you were to become unconscious? ___No ___Yes (Please explain) _____

Do you have any physical limitations? ___No ___Yes (Please list) _____

IMMUNIZATIONS:

For our information please indicate date of most recent immunization, if known.

Poliomyelitis _____ Diphtheria _____ Hepatitis A _____ Hepatitis B _____

Measles/Mumps/Rubella _____ Tetanus _____ Malaria _____ Other _____

Physician's Name: _____ Office Phone _____

Signature _____ Date _____