

# LIVING HIS WORD MINISTRIES

## U. S. 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 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

**PART 4—Health Information (attach a page for each participant)**

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)

**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 \_\_\_\_\_