ASSUMPTION OF RISK FORM SHORT-TERM MISSIONS VOLUNTEER

► Note: This form is for use by adults who participate on short-term Convention Board may not have insurance to cover injuries or acci adequately supervising these activities, we ask participants on such condition of their participation.	dents that occur on such trips, and it has no means of
I, (name of volunteer), ir	a consideration of my acceptance as a short-term
volunteer on a Mississippi Baptist Convention Board partially	sponsored missions trip, to
(destination of trip), represent and agree that:	
1. I am a volunteer worker and not an employee of the Missis	ssippi Baptist Convention Board.
2. I am aware of the hazards and risks to my person and prop such hazards and risks including, but not being limited to, dea weather conditions, inadequate medical services and supplies accept my assignment with full awareness of these risks, and available to me from any source, and only with respect to the employees and representatives, successors or assigns, and the risks of death, injury, and illness associated with such risks, a the Mississippi Baptist Convention Board, their employees ar Southern Baptist Convention from any liability whatever arisi suffer as a result of participation in the missions project. I fur associated with missionary service. 2 Corinthians 11:23-28	ath or injury by accident, disease, war, terrorist acts, criminal activity, and random acts of violence. I subject to any insurance coverage that may be Mississippi Baptist Convention Board, their Southern Baptist Convention, I voluntarily assume all and any damage to my personal property, and I release and representatives, successors or assigns, and the ling as a result of death, injury, or illness that I may
3. I attest and certify that I have no medical conditions that w	vould prevent me from performing my duties.
4. I expressly waive any defense to the enforcement of any p lack of consideration and warrant that this commitment const enforceable against me in accordance with its terms.	
5. I am aware of the hazards and risks to my person associated described above. I further understand that the Mississippi Ba coverage that would apply in the event of my death, illness, in my participation on the trip, and that if I desire insurance coverage.	ptist Convention Board may not have any insurance njury or damage to my property that may occur during
6. I expressly agree that this assumption of risk agreement is law. I further state that I HAVE CAREFULLY READ THI UNDERSTAND ITS CONTENTS, AND I VOLUNTARII ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSCONSULT WITH AN ATTORNEY BEFORE SIGNING	E FOREGOING ASSUMPTION OF RISK AND LY SIGN THIS RELEASE AS MY OWN FREE STAND THAT I HAVE THE OPPORTUNITY TO
Printed Name	
Signature	Date
Address	
City	
State & Zip	
IMPORTANT: Please have 2 witnesses observe your signature, an should not be relatives.	nd have them sign below. They must be at least 18, and
Witnesses	