



## **ASSUMPTION OF RISK AGREEMENT For Voluntary Short-term Medical Evangelism Outreach**

I, \_\_\_\_\_, in consideration of the acceptance of application for volunteer service on behalf of HealthCare Ministries, the medical outreach of the Assemblies of God World Missions of the General Council of the Assemblies of God, represent that I am at least 18 years of age, and I further represent and agree as follows:

1. I am aware of the hazards and risks to my person and property associated with overseas medical evangelism activities for which I am applying and will apply for in the future, such hazards and risks including but not limited to death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity and random acts of violence. I have read, understand, and will abide by the universal precaution guidelines attached to this form. I voluntarily assume these hazards and risks associated with my participation on a short-term team with HealthCare Ministries. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).

2. I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing the volunteer services for which I am applying.

3. Subject to insurance coverages (filed by HealthCare Ministries on my behalf), I waive and release any and all claims for damages which I, or my heirs or successors, may have against HealthCare Ministries, the World Missions of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church, or any agent or employee of any of such organizations, 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.

4. I understand and accept the following policy of the Assemblies of God World Missions regarding ransom payments:

The Assemblies of God World Missions Executive Committee 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. The Assemblies of God World Missions 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.

5. 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.

**PART 2—INSURANCE ELECTION\***

I am aware of the hazards and risks to my person associated with serving in a mission capacity, as described above. I further understand that AGWM currently requires the insurance coverage summarized below, that I am responsible for the cost of such insurance, that these coverages are subject to change, and that I am responsible for obtaining any additional insurance coverages that I consider necessary:

- \$100,000 24-hour accidental death and dismemberment
- \$1,000 monthly limit for permanent total disability based on an accident (100-month maximum, with a 12-month waiting period)
- \$1,000 monthly limit for permanent total disability based on illness (50-month maximum, with a 12-month waiting period)
- \$50,000 accident medical limit
- \$12,500 sickness medical limit
- \$50 deductible per occurrence
- \$75,000 medical evacuation limit
- \$10,000 repatriation limit

- **HealthCare Ministries will file for the insurance coverage on all team members.**

I understand that if I decide to travel separate from the team (go early and/or extend after the team) and do not notify HCM concerning the extension of the insurance coverage, HCM / Assemblies of God World Missions will not, in any way, be held responsible for my medical coverage or any other items covered by the insurance.

**This Assumption of Risk Agreement shall be valid for a period of five years from the date of signature.**

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.**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_, a Notary Public in and for said state, personally appeared \_\_\_\_\_, known to me to be the person who executed the within Agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires