AGREEMENT AND RELEASE FROM LIABILITY Voluntary Participation

I,		_, acknowledge that I have voluntarily applied to participate	
in a short-teri	m mission trip to	with Evangelistic International Ministries.	
		tance in arranging the mission trip, which involves travel	
to, and volun	teer work in the United States or foreign countri-	es.	
	Assumption	on of Risk	
I am		g but not limited to: sickness, crime, political instability,	
	opposition to project activities, as well as simil		
I Al	M AWARE THAT THE MISSION TRIP	MAY INVOLVE RISKS. I AM VOLUNTARILY	
PARTICIP	ATING IN THE MISSION TRIP WITH	KNOWLEDGE OF THE RISKS INVOLVED. I	
HEREBY A	AGREE TO ACCEPT ANY AND ALL R	ISKS OF INJUIRY OR DEATH THAT MAY	
	ROM MY PARTICIPATION IN THE M		
	Release From		
As c	s consideration for being permitted by EIM to participate in the mission trip, as consideration for Evangelistic		
	nal Ministries assisting in arranging the mission trip, and for other good and valuable consideration the receipt		
		revocably and unconditionally release, waive, discharge and	
		ernational Ministries, or any of their affiliates, subsidiaries,	
	livisions, members, directors, officers, employees and agents (collectively referred to as the "Releases"), for and from		
	ll claims of any nature now or hereafter existing whether known or unknown, including but not limited to all liability,		
on account of	on account of death, injury, or damage resulting from the negligence or other acts, however caused, of the Releases as a		
		AND THAT I AM GIVING UP MY LEGAL	
	<u> </u>	TATIVES TO RECOVER FOR INJURY, DEATH,	
	ERTY DAMAGE.	, , ,	
	Knowing and Vol	untary Execution	
I HAVE CA		AND FULLY UNDERSTAND ITS CONTENTS.	
		ABILITY AND A CONTRACT BETWEEN ME	
		ERNATIONAL MINISTRIES AND/OR THEIR	
		L REPRESENTATIONS, STATEMENTS OR	
		ENT HAVE BEEN MADE TO ME. I SIGN THIS	
AGREEMI	ENT OF MY OWN FREE WILL.		
Date	Print Name of Participant	Legible Signature of Participant	
Date	Time Name of Farticipant	Legible dignature of rattlespant	
Date	Print Name of Spouse (if applicable)	Legible Signature of Spouse	
Dute	Time Name of Spouse (if applicable)	(Mandatory if married)	
If nauticina	nt is a minor (under 18):	(Manuatory if marrieu)	
п рагистра	nt is a initior (under 10):		
 Date	Print Name of Parent or Guardian	Legible Signature of Parent or Guardian	

Mail to: Evangelistic International Ministries Attn: Fonda/Shep. Bags Team P. O. Box 925 Warren, AR 71671