Evangelistic International Ministries, Inc.
COVID-19 LIABILITY RELEASE WAIVER

- I hereby declare the following: **(Please check each box.)**

☐ I am fully and personally responsible for my own safety and actions while and during may participation and I recognize that I may be in any case be at risk of contracting COVID-19.

☐ With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, illness, or death, that may be sustained by me related to COVID-19 while participating in any activity while traveling as a volunteer with Evangelistic International Ministries, Inc. that may lead to unintentional exposure or harm due to COVID-19.

☐ I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to illness, loss, or death from or related to COVID-19.

- By signing below, I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

  If under the age of 18, this Liability Release Waiver must be signed by a parent or legal guardian.

  This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

- Signature: _____   Date: _____

  Print Name: _____

  If under the age of 18, name of child: _____