

**AGREEMENT AND RELEASE FROM LIABILITY**  
**Voluntary Participation**

I, \_\_\_\_\_, acknowledge that I have voluntarily applied to participate in a short-term mission trip to \_\_\_\_\_ with Evangelistic International Ministries. Evangelistic International Ministries (EIM) is providing assistance in arranging the mission trip, which involves travel to, and volunteer work in the United States or foreign countries.

**Assumption of Risk**

I am aware that the mission trip poses risks including but not limited to: sickness, crime, political instability, governmental opposition to project activities, as well as similar and dissimilar risks.

**I AM AWARE THAT THE MISSION TRIP MAY INVOLVE RISKS. I AM VOLUNTARILY PARTICIPATING IN THE MISSION TRIP WITH KNOWLEDGE OF THE RISKS INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH THAT MAY RESULT FROM MY PARTICIPATION IN THE MISSION TRIP.**

**Release From Liability**

As consideration for being permitted by EIM to participate in the mission trip, as consideration for Evangelistic International Ministries assisting in arranging the mission trip, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, I hereby irrevocably and unconditionally release, waive, discharge and covenant not to sue or attach the property of Evangelistic International Ministries, or any of their affiliates, subsidiaries, divisions, members, directors, officers, employees and agents (collectively referred to as the "Releases"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to all liability, on account of death, injury, or damage resulting from the negligence or other acts, however caused, of the Releases as a result of my participation in the mission trip. **I UNDERSTAND THAT I AM GIVING UP MY LEGAL RIGHTS AND THE RIGHTS OF MY REPRESENTATIVES TO RECOVER FOR INJURY, DEATH, OR PROPERTY DAMAGE.**

**Knowing and Voluntary Execution**

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME ON THE ONE HAND AND EVANGELISTIC INTERNATIONAL MINISTRIES AND/OR THEIR AFFILIATES ON THE OTHER HAND. NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THIS AGREEMENT HAVE BEEN MADE TO ME. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.**

_____ Date	_____ Print Name of Participant	_____ Legible Signature of Participant
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_____ Date	_____ Print Name of Spouse (if applicable)	_____ Legible Signature of Spouse (Mandatory if married)
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**If participant is a minor (under 18):**

_____ Date	_____ Print Name of Parent or Guardian	_____ Legible Signature of Parent or Guardian
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**Mail to: Evangelistic International Ministries  
Attn: Rhonda – Medical/Dental Team  
PO Box 297  
Magnolia, AR 71754**