## AGREEMENT AND RELEASE FROM LIABILITY Voluntary Participation

I,		_, acknowledge that I have voluntarily applied to participat	e
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	aware that the mission trip poses risks including	g but not limited to: sickness, crime, political instability,	
governmenta	l opposition to project activities, as well as simil	ar and dissimilar risks.	
		MAY INVOLVE RISKS. I AM VOLUNTARILY	7
<b>PARTICIP</b>	ATING IN THE MISSION TRIP WITH	KNOWLEDGE OF THE RISKS INVOLVED. I	
HEREBY A	AGREE TO ACCEPT ANY AND ALL R	ISKS OF INJURY OR DEATH THAT MAY	
<b>RESULT F</b>	ROM MY PARTICIPATION IN THE M	IISSION TRIP.	
	Release From	m Liability	
		icipate in the mission trip, as consideration for Evangelistic	
		o, and for other good and valuable consideration the receipt	
		revocably and unconditionally release, waive, discharge an	
		ernational Ministries, or any of their affiliates, subsidiaries,	
		s (collectively referred to as the "Releases"), for and from	
		own or unknown, including but not limited to all liability,	
		ligence or other acts, however caused, of the Releases as a	
		AND THAT I AM GIVING UP MY LEGAL FATIVES TO RECOVER FOR INJURY, DEATH	ſ
	ERTY DAMAGE.	TATIVES TO RECOVER FOR INJURY, DEATH	.9
	Knowing and Vol	•	
		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	Print Name of Spouse (if applicable)	Legible Signature of Spouse	
Duic	Time traine of spouse (if applicable)	(Mandatory if married)	
If narticing	nt is a minor (under 18):	(mandatory if married)	
n participa	nt is a minor (under 10).		
Date	Print Name of Parent or Guardian	Legible Signature of Parent or Guardian	
2		0 ×-5	

**Mail to: Evangelistic International Ministries** 

Attn: Fonda/OBS P. O. Box 925 Warren, AR 71671