AIM 2024 ASSUMPTION OF RISK (ADULT)

**All team members 18 years of age & older at time of trip must
Complete this form and have it <u>NOTARIZED</u> as part of their AIM application**

I (name) _____ in consideration of my acceptance as a member of an AIM (Ambassadors In Mission outreach) to (outreach location) _____ and in cooperation with the Youth Department of the MN District Council / Dept. of Missions General Council of the Assemblies of God (referred to after as: A/G) represent and agree that:

1. I am a volunteer and acknowledge that I am not an employee of the General Council of the A/G, or the Minnesota District Council of the A/G.
2. I am aware of the hazards and risks to my person and property associated with serving in a mission capacity, such hazards and risks including, but not being 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 accept my assignment with full awareness of these risks, and I voluntarily assume all risk of death, injury, illness, and damage to myself or any member of my family associated with such risks. I further recognize that such risks have always been associated with missionary service. *2 Corinthians 11:23-28.*
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. I waive any and all claims for damages which I, or my heirs or successors, may have against the General Council of the A/G, or the Minnesota District Council of the A/G and their staff 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.
5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
6. I expressly waive any defense to the enforcement of any provision 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.
7. I understand and accept the following policy of the Division of Foreign Missions regarding ransom payments:
    The Foreign Missions Board has determined that it will not pay ransom nor yield to the demands of anyone who takes hostage one of our staff or volunteers' hostage. The Division of Foreign 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.
8. 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 THE CONTENTS THEREOF, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.**
9. Are you bringing any medications on this mission trip? _____ If yes, please list medication and reason for medication: _____
    _____
10. Are you allergic to any medications (please list)? _____
11. I give the team leader and or the missionary / host I am working with, to seek competent medical assistance if deemed necessary.

Date: _____ Print Name: _____

_____ _____
Legible Signature of Applicant Legible Signature of Spouse (if he or she is accompanying you)

<u>MUST be completed by Notary Public</u>

STATE OF: _____

COUNTY OF: _____

On this _____ day of _____, 20___, before me, _____, a Notary Public in and for said state

personally appeared _____, known to me to be the person(s) who executed the within agreement and

acknowledged to me that he/she/they executed the same for the purposes therein stated.

My commission expires: _____ Signature: _____

Notary please stamp here: