

## AIM 2025 ASSUMPTION OF RISK (ADULT)

All team members 18 years of age or older at time of trip must complete this form and have it NOTARIZED 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 Department of Missions, a subdivision of the Minnesota District Council of the Assemblies of God / Dept. of Missions (referred to after simply as the “MN District.”), together with The General Council of the Assemblies of God (referred to after simply as: the “A/G”) represent and agree that:

1. I am a volunteer; I further acknowledge and affirm that I am not an employee, contractor, or agent 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 missions capacity, such hazards and risks including, but are not being limited to, death or injury by accident, disease and biological contagions, terrorist acts or political action, adverse weather conditions, inadequate or insufficient 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 risks of death, injury, illness, and damage to myself, or any member of my family, or my property associated with serving in such a missions capacity. I further recognize that such risks have always been associated with assignment in a missionary services capacity. 2 Corinthians 11:23-28.
2. I attest and certify that I have no medical condition(s) that would prevent me from performing my duties; or, in the alternative, I have made the A/G and MN District aware of said medical condition(s) and have been accepted to participate, as a volunteer, in spite of those medical conditions.
3. I waive any and all claims for damages which I, or my heirs or successors, may have against the A/G, or the MN District., or any subdivisions of either.
4. I further waive any and all claims against the A/G and the MN District (or any subdivision of either’s) their staff and recognized agents 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 **said minor child may suffer as a result of said while on assignment, from expressly including 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 of the AG and the MN District regarding ransom payments:

Both the AG (as determined by its Foreign Missions Board) and the MN District have determined that it neither will not pay ransom nor yield to the demands of anyone who takes hostage one of our staff, agents, or volunteers’ hostage. The Division of Foreign Missions, both entities pledges themselves 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, liability waiver, 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, or / host I am working with authorization, to seek medical assistance on my behalf, if deemed necessary in the team leader's, missionary's, or host's sole discretion. I understand that all costs associated with whatever medical treatment I receive shall be paid exclusively by myself and is not included in any costs that I have paid to the AG or the MN District.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Legible Signature of Adult Applicant \_\_\_\_\_

**MUST be completed by Notary Public**

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.