

**ASSUMPTION OF RISK FORM
SHORT-TERM MISSIONS VOLUNTEER**

► *Note: This form is for use by adults who participate on short-term missions trips. Because the Mississippi Baptist Convention Board may not have insurance to cover injuries or accidents that occur on such trips, and it has no means of adequately supervising these activities, we ask participants on such trips to assume all risks associated with them as a condition of their participation.*

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer on a Mississippi Baptist Convention Board partially sponsored missions trip, to _____ (destination of trip), represent and agree that:

1. I am a volunteer worker and not an employee of the Mississippi Baptist Convention Board.
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 not being limited to, death or injury by accident, disease, war, 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 subject to any insurance coverage that may be available to me from any source, and only with respect to the Mississippi Baptist Convention Board, their employees and representatives, successors or assigns, and the Southern Baptist Convention, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release the Mississippi Baptist Convention Board, their employees and representatives, successors or assigns, and the Southern Baptist Convention from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions project. 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 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.
5. I am aware of the hazards and risks to my person associated with participation in a short-term mission trip, as described above. I further understand that the Mississippi Baptist Convention Board may not have any insurance coverage that would apply in the event of my death, illness, injury or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost of such insurance.
6. I expressly agree that this assumption of risk 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 ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Printed Name _____

Signature _____ Date _____

Address _____ City _____ State & Zip _____

Cell Phone _____ Email _____

IMPORTANT: *Please have 2 witnesses observe your signature, and have them sign below. They must be at least 18, and should not be relatives.*

Witnesses _____