ASSUMPTION OF RISK FORM
Adult

I, _____, in consideration of my acceptance as a short-term volunteer on a missions trip sponsored by Calvary Baptist Church of Winston-Salem, Inc., 5000 Country Club Road, Winston-Salem, North Carolina to _____represent and agree that:

1. I am a volunteer worker and not an employee of Calvary Baptist Church of Winston-Salem, Inc.

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 coverages that may be available to me from any source, and only with respect to Calvary Baptist Church and its agents, officers, directors, and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release said church and its agents, officers, directors, and employees 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. II 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 missions trip, as described above. I further understand that said church 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.

_____ _____
Date Signature

Print Name:_____

Address:_____

City:_____ State:_____ Zip:_____

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

WITNESSES:_____ _____
Signature Signature

_____ _____
Print Name Print Name

_____ _____
Address Address

_____ _____
City City

_____ _____
State Zip State Zip