

RELEASE AND INDEMNITY AGREEMENT

I do hereby represent and acknowledge that I am entering upon a missionary venture with others and that as a volunteer, I have a **personal health insurance policy** plus a secondary mission trip health policy, am paying my own travel, lodging and meal expenses for the purpose of helping in times of disaster for the glory of God and to demonstrate my faith in Christ; that the work may at times be hazardous and somewhat arduous and will be performed by trained, concerned disaster relief volunteers and qualified professionals; the vehicles transporting said volunteers will be operated by volunteers who may or may not be professional drivers.

Personal insurance carrier _____

I recognize and acknowledge the potential for accidents at the disaster site involving motor vehicles in or about the living, sleeping and eating areas of the disaster relief team, including myself.

Therefore, I desire to protect, release, acquit, indemnify and hold harmless from any and all claims, injuries, damages, losses, expenses, or attorney fees incurred by me, my heirs, administrators, executors or assigns.

I attest and certify that I have no medical conditions that would prevent me from performing my duties. No insurance coverage is provided volunteers by the state convention. Personal liability is the responsibility of the volunteer. I further recognize that such risks have always been associated with missionary service, II Corinthians 11:23-28.

For and on behalf of myself, any heirs, administrators, executors, assigns and all other persons, firms or corporations, I do hereby release and discharge from liability all other persons on the disaster relief team with me, those who notified, trained, selected or assigned me to the said team, the Alabama Baptist State Convention, Office of Men's Ministries/Disaster Relief, the Southern Baptist Convention, their employees and representatives, successors or assigns from any claims, demands, damages, actions, causes of actions which I, the undersigned, have or may hereafter and on account of, or any way growing out of injuries or damages both to persons or property resulting or that may hereafter result from the voluntary venture.

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.**

Witnessed my hand on this, the _____ day of _____, 20_____.

PRINT NAME _____

SIGNATURE _____

TEAM _____ UNIT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT _____ CONTACT # _____

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

Witness: _____ Witness: _____

Address: _____ Address: _____

City: _____ City: _____

State and Zip: _____ State and Zip: _____