

Campers on Mission 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 am paying my own expense, including insurance, for the purpose of helping in a Campers on Mission event for the glory of God and to demonstrate my faith in Christ; that the work may at times be hazardous and somewhat arduous; and that I may be working with other volunteers who may or may not be professionally trained.

I recognize and acknowledge potential accidents at the work site involving motor vehicles in or about the living, sleeping, and eating areas, or during activities of the Campers on Mission group; am fully aware of possible injuries to members of the group, 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 to volunteers by the Campers on Mission chapter or state convention. Personal liability is the responsibility of the volunteer. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28). For and on behalf of myself, my heirs, administrator, executors, assigns and all other persons, firms or corporations, I do hereby release and discharge from liability all other persons on the Campers on Mission team with me, those who notified, selected or assigned me to said team, the _____ (Campers on Mission chapter), the _____ (state Baptist convention), the North American Mission Board, the Southern Baptist Convention, missionaries, local churches, local ministries, their employees and representatives, successors or assigns, from any claims, demands, damages, actions, or 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 FORGOING 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.

Witness my hand on this, the _____ day of _____, 20_____.
Print name: _____
Signature: _____
Address: _____
Phone: _____
Emergency contact: _____ Phone: _____

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

Witness: _____
Address: _____ City: _____ State: _____ Zip: _____

Witness: _____
Address: _____ City: _____ State: _____ Zip: _____