

# INTERNATIONAL MINISTRIES VOLUNTEER RISK AND RELEASE FORM



**Please send back this form completed ASAP. It cannot be accepted within 30 days of departure from the US.**

Please carefully read, complete, and sign this two page form indicating your understanding and concurrence. The completed form may be returned to the Short-Term Mission Program at the address below. If you have not registered with International Ministries, please email us at [volunteers@internationalministries.org](mailto:volunteers@internationalministries.org)

I have volunteered for service with International Ministries/American Baptist Foreign Mission Society (the "Society"). In connection with volunteering for this service, I have discussed with my team leader the health care responsibilities I will have and the health care risks I may face. I understand that if I partake of any illegal substances, the team leader or host will send me back to my home base, at my own expense.

I understand that certain dangers that result from my travel in the pursuit of voluntary mission service are unforeseeable, such as illnesses without access to adequate medical facilities for treatment, political unrest that may result in injury, imprisonment or death. Accidents may occur with no advance warning. Hostilities may result in my being held hostage, or being stranded and not being able to return to home. I understand that this list of dangers is not comprehensive.

I understand that the dangers are beyond the control of the Society and/or international partner and host churches, but I still want to volunteer my services. I recognize that the Society's policies prohibit it from intervening on my behalf should any calamity arise. I recognize that the Society will not pay any amounts to remedy my situation, including the payment of ransom or bribes.

I recognize most United States insurance policies do not cover me outside the United States and that I am responsible for securing medical insurance to cover my activities on the trip beyond the base level travel insurance policy secured through the Society.

I understand that traveling, living, and working abroad may present health risks through illness or accident greater than those I may encounter in the United States. I know that access to effective medical care may be difficult abroad. I assume the responsibility to familiarize myself and talk with my personal physician regarding the risks attendant upon traveling, living, and working in the areas to which I will be going.

I also understand that I must take reasonable steps to minimize foreseeable risks to my health, and that of others, by taking necessary precautions before and while traveling, living and working abroad. I will adhere to the health and safety practices, policies and precautions in any mission community that I join or visit.

I realize that there are health risks, which can be encountered overseas including, among others, the risk of contracting Hepatitis and Acquired Immune Deficiency Syndrome (AIDS). I am aware that AIDS can be contracted through bodily fluids. I understand that in some countries, tests for the presence of AIDS antibodies are mandatory for all foreigners--before, during or at the close of their stay. I understand that a foreign government may condition entrance to, visitation in or departure from a country upon the satisfactory results of such medical tests. I will cooperate with my group and the Society and comply with any such governmental condition or requirement. I understand that various inoculations and vaccinations may be required or advisable prior to traveling to the country or countries where the mission to which I am assigned is located. I acknowledge that it is my responsibility to determine which inoculations and vaccinations are required and I have received all such required treatments.

If my spouse or any minor child or other person who is my dependent is accompanying me, I understand that I will be responsible for the health care of such person. I acknowledge that I have considered and discussed with each such person the health needs of and health risks to them and, if appropriate, to others, in accordance with the foregoing. With respect to any such person, I will comply with the requirements set out above, and I will use my best efforts to have such person comply with those requirements.

I have read and understood this page **Initials:**

I hereby request permission to assist, as a volunteer worker, in the charitable and religious work of International Ministries/the American Baptist Foreign Mission Society (the "Society"), a non-profit organization. I understand that in rendering such volunteer assistance in the work of the Society I shall under no circumstances be deemed an employee of the Society for any purpose, although (1) during the course of such volunteer work the Society or its agents may reimburse me for all or part of my personal expenses or may provide with me and my spouse and minor dependents with room or board and (2) such volunteer work may be performed by me under the guidance of the Society. I also hereby request that my spouse, minor child or children and/or other person who is dependent on me, be given permission to accompany me.

I have reviewed and signed the Medical Release for Volunteers and Emergency Contact forms and certify that to the best of my knowledge I am physically able to serve as a volunteer worker with the Society. I have read this document thoroughly and agree to all their terms. I have had an opportunity to consult with an attorney before signing them.

In consideration of the grant by the Society of the permission I hereby request, I agree that I shall perform such volunteer work at my own risk.

I, for and in consideration of being permitted to participate in the mission of the Society as a volunteer, and other valuable consideration received from the Society, the receipt of which I hereby acknowledge, hereby waive, release, and forever discharge the Society, of and from all manner of actions, causes of action, suits, debts, covenants, contracts, agreements, promises, claims and demands whatsoever, which I have or may have, or which my personal representative, successor, heir or assign, can or may have, against said the Society, by reason of or related in any way to my participation in the mission sponsored by the Society .

I agree to indemnify the Society from all liabilities arising in favor of third parties resulting from my conduct while serving as a volunteer on a mission, preparing for a mission, or traveling to or from the location of a mission.

I also waive any right to assert any claim against the Society or its agents with respect to work performed or any injury, illness or loss which I or any minor child or other person who is dependent on me may sustain in the course of, or which arises out of, such volunteer work or such accompaniment. I waive any such claim both for myself and for any such minor child or other dependent person.

I understand that, in consideration for and contingent upon my signing this Volunteer Request and Release Form and registering with International Ministries (separate process), the Society provides travel accident insurance that provides accidental death and dismemberment benefits with a principal sum of \$25,000.00, a medical evacuation benefit covering up to \$100,000, and accident medical treatment benefits of up to \$5,000.00 for accidental injury occurring from service by approved volunteers and persons, such as spouses, minor children or others, who accompany such volunteers.

I agree to be liable for any expenses that exceed the published cost, including but not limited to early return expenses, uninsured medical expenses and emergency evacuation.

- I am over 18 and I have read and agree to the above statements.
- I am under 18 and my legal guardian has read and agreed to the above statements.

**Please fill in all information below. Signature is required.**

Name (please print) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

International Address (if known) \_\_\_\_\_

Place of Service \_\_\_\_\_

Arrival Date (at place of service): \_\_\_\_\_

Departure Date (from place of service): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Legal Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Address: \_\_\_\_\_