

## His Hands 2 Go (HH2G) Assumption of Risk

I, \_\_\_\_\_ (name of volunteer), in consideration of my acceptance as a short term volunteer with HH2G, the Mission America Placement Service (MAPS) of the Assemblies of God, U.S. Missions, Convoy of Hope, the General Council of the Assemblies of God, USA and any of its affiliates, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of HH2G, MAPS, the Assemblies of God US, Missions, the General Council of the Assemblies of God, and any of its affiliates, or Convoy of Hope.
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, 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 I voluntarily assume all risks of death, injury, illness and damage to myself or any members of my family associated with such risks or damage to my personal property. I further recognize that such risks have always been associated with missionary service.
3. I attest and certify that I have no medical condition that would prevent me from performing my duties.
4. I waive any and all claims for damages which I, or my heirs or successors, may have against HH2G, MAPS, the Assemblies of God U.S. Missions, the General Council of the Assemblies of God and any of its affiliates, District Council of the Assemblies of God, Convoy of Hope, the local church/individuals sponsoring the MAPS trip/assignment, or any agent, representatives, employees, volunteers and contractors of any such organization arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
5. In the event that I have minor children who will accompany me on my assignment, I acting both on my own behalf and in their behalf as their parent or legal guardian do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
6. I understand and accept the following policy of the Assemblies of God U.S. Missions regarding ransom payments:

The U.S. Missions Board has determined that it will not pay ransom or yield to the demands of anyone who takes hostage one of our missionary family or staff hostage. The Assemblies of God U.S. Missions pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering advise of the United States State Department.

7. Insurance: I am aware of the hazards and risks to my person associated with serving in a missions capacity, as described above. I further understand that no insurance against such hazards is provided by HH2G, the General Council of the Assemblies of God, U.S. MAPS, Convoy of Hope, or any other Assemblies of God entity, and, that I assume full responsibility for obtaining such coverage from a private insurance carrier at my expense if desired.
8. I expressly waive any defense to the enforcement of any provisions 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.
9. I expressly agree that this assumption of risk and indemnity agreement 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.

### SIGNATURES

Date \_\_\_\_\_

\_\_\_\_\_  
Legible Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**IMPORTANT:** Please have two (2) witnesses observe your signing of this form, and have the witnesses sign below. They must be at least 18 years old and they cannot be your relatives.

\_\_\_\_\_  
Witness' Legible Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness' Legible Signature

\_\_\_\_\_  
Address