



# ASSUMPTION OF RISK AND INSURANCE AGREEMENT

AGWM Personnel and Family Life

## MAPS TEAM MEMBER

### PART 1—ASSUMPTION OF RISK

I, \_\_\_\_\_ (*print full name of volunteer legibly*), in consideration of my acceptance as a short-term volunteer with Assemblies of God World Missions of The General Council of the Assemblies of God U.S.A. represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of Assemblies of God World Missions or The General Council of the Assemblies of God U.S.A.
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, injury, increased stress, accident, disease, inadequate medical services and supplies, death, criminal acts—including terrorism—natural disasters, government action, and relocation due to any of the above. I accept my assignment with full awareness of these risks, and subject to the insurance coverage described in the AOG GTL insurance brochure, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks and any damage to my personal property. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. Subject to the insurance coverage described in the AOG GTL insurance brochure, I waive and release any and all claims for damages which I or my heirs or successors may have against Assemblies of God World Missions, The General Council of the Assemblies of God, any district council of the Assemblies of God, the local church sponsoring the trip, or any agent or employee of any of such organizations, 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 I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian and subject to the insurance coverage described in the AOG GTL insurance brochure, 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 Assemblies of God World Missions regarding ransom payments:

The Assemblies of God World Missions Executive Committee has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. The Assemblies of God World 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 the advice of the United States State Department.

7. 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.
8. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law.

## PART 2—SIGNATURES

**HAVING CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND INSURANCE AGREEMENT AND UNDERSTANDING THE CONTENTS, I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.**

Date: \_\_\_\_\_

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

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Spouse's Legible Signature (if he or she will accompany you on your assignment)*

\_\_\_\_\_  
*Address*

**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.**

\_\_\_\_\_  
*First Witness's Legible Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Second Witness's Legible Signature*

\_\_\_\_\_  
*Address*

**Please give this signed form to your team leader.**

Team leader, please mail the signed forms to:

**PFL Team Processor  
Assemblies of God World Missions  
1445 North Boonville Avenue  
Springfield, MO 65802-1894**

**Team Confirmation # \_\_\_\_\_**