

ASSUMPTION OF RISK AND INSURANCE ELECTION

Convoy of Hope US Outreach Team Member

PART 1—Assumption of Risk

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with Convoy of Hope, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of 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, war, terrorists 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, subject to the insurance coverages described below, 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 insurance coverages described below (additional information available from Convoy of Hope), I waive and release any and all claims for damages which I, or my heirs or successors, may have against Convoy of Hope, the local churches sponsoring the Convoy of Hope outreach, 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 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 and legal guardian, and subject to the insurance coverages described below 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 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.
7. I expressly agree that this assumption of risk and indemnity agreement is 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.**

PART 2—INSURANCE ELECTION

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 Convoy of Hope currently requires the insurance coverage summarized below, that I am responsible for the cost of such insurance (the price is included in trip fees & there is no discount for non-usage of this benefit), that these coverages are subject to change, and that I am responsible for obtaining any additional insurance coverage that I consider necessary:

Accident & Sickness Medical Expense

- Accident Medical \$10,000
- Sickness Medical \$ 5,000
- Deductible None
- Accidental Dental Benefit \$ 2,500 Max.
- Physical Therapy Benefit \$ 2,500 Max.

Please check the appropriate statement:

I have adequate insurance coverage that ***matches the above coverage***, and do not desire the insurance coverage described above.

Company Name

Policy Number

I desire the above-described insurance coverage with Special Markets Insurance.

SIGNATURES

Date: _____

Legible signature

Address

Legible signature of spouse (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.

Witness' legible signature

Address

Witness' legible signature

Address

Team Trip Information:

Name of Church: _____ City, State: _____

Destination(s): _____

Date of Departure: _____ Date of Return: _____

Please send the signed Assumption of Risk form to:

Convoy of Hope (via the team leader)