

ASSUMPTION OF RISK AND INSURANCE ELECTION-FOR MINORS

Convoy of Hope US Outreach Team Member

PART 1—ASSUMPTION OF RISK

I, _____, in consideration of the acceptance of application for volunteer service on behalf of CONVOY OF HOPE, recognize I am not an employee of Convoy of Hope, and I further represent and agree as follows:

1. I am aware of the hazards and risks to my person and property associated with overseas missionary activities for which I am applying and will apply for in the future, such hazards and risks including but not limited to death or injury by accident, disease, terrorist acts, weather conditions and inadequate medical services and supplies. I volunteer my services on behalf of CONVOY OF HOPE despite such hazards and risks, and I assume the risks of death, injury and damage associated with such risks.

2. I attest and verify that I am physically fit and have no medical conditions that would prevent me from performing the volunteer services for which I am applying.

3. I waive any and all claims for damages, which I or my heirs may have against CONVOY OF HOPE, and churches working with Convoy of Hope.

4. I expressly agree that this assumption of risk 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.

Your Signature

Date

PART 2—INSURANCE ELECTION

I am aware of the hazards and risks to my (and/or my minor's) 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 this coverage is 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.

I represent that I am a parent (or guardian) of the minor who has signed the above Assumption of Risk/Insurance election aAgreement and I hereby agree that we shall both be bound thereby.

Your signature

Date

STATE OF _____

COUNTY OF _____

On this, the _____ day of _____, 20____, before me,
_____, a Notary Public in and for said state personally appeared
_____, known to me to be the person who executed the within Agreement and
acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public

My commission expires