



# Christian Life Prison and Recovery Ministries Inc.

## Missionary-Volunteer Assumption of Risk Form

**Note:** This form must be completed by all who participate as Missionary-Volunteers for Christian Life Prison and Recovery Ministries Inc. (hereafter known as CLPRM). Because CLPRM may not have insurance to cover injuries or accidents that occur while acting in a Missionary-Volunteer capacity, and cannot directly supervise all Missionary-Volunteer activities, we ask all Missionary-Volunteers to assume all risks associated with these activities as a condition of their participation.

I, \_\_\_\_\_(Name), in consideration of my acceptance as a Missionary-Volunteer for CLPRM represent and agree that:

1. I am a volunteer and not an employee of CLPRM.
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 include but are not limited to injury or death by accident, disease, war, terrorist acts, weather conditions, inadequate medical services or supplies, criminal activity and random acts of violence and information theft that may occur during the transfer of personal info between CLPRM and any prison system, ministry, church, etc. I accept my assignment as a Missionary-Volunteer with full awareness of these risks and, subject to any insurance coverage that may be available to me from another source, voluntarily assume all risks of death, injury and illness associated with such risks and any damage to my personal property, and I release CLPRM and their agents, officers, directors and employees from any liability whatever arising as a result of death, injury, illness or loss that I may suffer as a result of participation in this organization's activities. I further recognize that—as illustrated in 2 Corinthians 11:23-28—such risks have always been associated with Missionary-Volunteer service.
3. I expressly waive any defense to the enforcement of any provision 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.
4. I am aware of the hazards and risks to my person associated with participation as a Missionary-Volunteer of CLPRM. I further understand that CLPRM may not have insurance coverage that would apply in the event of my illness, injury, death or damage to my property that may occur during my participation as a Missionary-Volunteer.
5. 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 voluntarily sign this release as my own free act. This is a legal document and I understand that I have the option to consult with an attorney before signing it.**

**IMPORTANT:** You must be at least 18 years of age to sign this form. If you are under 18 years old, this form must be co-signed by your parent, legal guardian or chaperone.

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

**Parent/Legal Guardian/Chaperone: Please provide the following information about yourself.**

Your Full Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

**If youth's address is different than parent, legal guardian or chaperone, please provide it below:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_