

**ASSUMPTION OF RISK AGREEMENT
FOR VOLUNTARY SHORT-TERM
MISSIONARY SERVICE WITH LUTHERAN
CHURCH OF THE CROSS**

I, _____, in consideration of the acceptance of application for volunteer service on behalf of Lutheran Church of the Cross, represent that I am at least 18 years of age, 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 medical 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 Lutheran Church of the Cross 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 may have against Lutheran Church of the Cross
4. This Assumption of Risk Agreement shall be valid for the current calendar year from the date of signature.
5. As a parent or legal guardian of a dependent child traveling with me I agree to assume the above stated risks on their behalf.

Dependant children's names: _____

Your Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

On this, the _____ day of _____, _____, 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 _____