

ASSUMPTION OF RISK ELECTION

Short Term Trip Abroad

Assumption of Risk

I, _____ (name), in consideration of my acceptance as an attendee with _____ 20__ missions trip with James River Assembly of God, Inc.(hereinafter "James River Assembly") represent and agree that:

1. I am not an employee of James River Assembly.
2. I am aware of the hazards and risks to my person and property associated with travel overseas, 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 request James River Assembly accept my attendance 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 international travel.
3. I attest and certify that I have no medical conditions that would prevent me from full involvement in the trip.
4. I waive and release any and all claims for damages which I, or my heirs or successors, may have against James River Assembly, or any agent or employee of any of such organization, 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, 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 such trip, from those causes described above.
6. I understand and accept the following policy of the James River Assembly regarding ransom payments:

The James River Assembly Board has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our trip attendees or staff hostage. James River Assembly 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 the World Missions Department of the General Council of The Assemblies of God, USA, who evaluated other evangelical missionary societies and considered 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. 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.**

Trip Cancellation/Payment Refund Policy

If I desire to cancel the trip, I must inform James River Assembly, Attn: Missions Department, in writing, with dated document.

- I understand that the deposit is non-refundable.
- If I cancel within 90 days of the date of departure, and:
 - Substitute Processed: Deposit plus one payment is nonrefundable. Any funds paid in excess of the deposit plus one payment will be refunded.
 - Substitute NOT Processed: Entire trip expense is due in full.

Team Meeting Attendance

I understand that my attendance at team meetings is of utmost importance for team unity, and spiritual and organizational preparation prior to going in-country; therefore, I understand and accept that I am allowed to miss only 1 (ONE) scheduled team meeting (most teams have 4- 5 team meetings) before my placement on the team is in jeopardy. Requests for exceptions must be submitted in writing to the Missions Department for approval. I understand and accept that if I lose my placement on the team, the payment/refund schedule outlined above is effective.

SIGNATURES

Date: _____

Signature

Printed Name and Address

Signature of spouse (if he or she will accompany you on this trip)

Printed Name and 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' signature

Printed Name and Address

Witness' signature

Printed Name and Address

Trip Information:

Destination(s): _____

Date of Departure: _____ Date of Return: _____

Please send the signed Assumption of Risk form to this address:
James River Assembly
Missions Department
6100 N. 19th Street
Ozark, MO 65721