



ASSUMPTION OF RISK FORM Adult

I, _____, in consideration of my acceptance as a short-term volunteer on an Oar Foundation mission trip sponsored by the OAR Foundation, 110 Ashbourne Lake Court, Clemmons, North Carolina to _____ represent and agree that:

I am a volunteer worker and not an employee of The OAR Foundation of Clemmons, NC.

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, terrorist 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 any insurance coverage's that may be available to me from any source, and only with respect to the OAR Foundation and its agents, officers, directors, and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release said organization and its agents, officers, directors, and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. II Corinthians 11:23-28.

I attest and certify that I have no medical conditions that would prevent me from performing my duties.

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.

I am aware of the hazards and risks to my person associated with participation in a short-term missions trip, as described above. I further understand that said church may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost of such insurance.

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. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

_____ Date _____ Signature

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

IMPORTANT: Please have 2 witnesses observe your signature, and have them sign below. They must be at least 18 years old, and should not be relatives.

WITNESSES:	_____	_____
	Signature	Signature
	_____	_____
	Print Name	Print Name
	_____	_____
	Address	Address
	_____	_____
	City, State, Zip	City, State, Zip



The OAR Foundation
LIABILITY RELEASE FORM

(permission form, release, discharge and hold harmless agreement)
*Please be sure to fill out this form and sign in both places.

My name is _____ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge The OAR Foundation of Clemmons, NC, its agents, servants, and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by myself while participating in any activity, or activities, including travel to and from such activities and any and all activities related to the OAR Foundation, and/or resulting from the negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of the OAR Foundation.

By signing this agreement, I give my permission for myself to receive medical attention in the event of an emergency.

Today's Date

Signature

Mission Date from:

Mission Date to:

Medical Insurance Company _____ Policy# _____
Policy Issued under name of _____

IF MY INSURANCE CHANGES AT ANY TIME DURING THE TRIP I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE FOUNDATION.

My Next of Kin Phone Contact Info:

Home: _____ Mobile: _____
Work: _____ Other: _____

CONSENT AND WAIVER REGARDING THE USE OF PHOTOGRAPHS AND VIDEO

I hereby allow photographs and video of my participation in the Oar Foundation to be published via print, television, videos, or websites which are affiliated with the OAR Foundation. I understand that publication may be accomplished electronically via the Internet/World Wide Web, and that after publication the foundation will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video therefrom, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against the Church from the un-consented-to use, alteration, or republication of my photographs and video by third parties accessing the Internet/World Wide Web, television, or obtaining copies of the print or video material.

PRINT NAME CLEARLY: _____

Today's Date

Signature (Parent or guardian if under 18)