



## INTERNATIONAL TRIPS ASSUMPTION OF RISK FORM 18 AND OVER

**MAIL TO: PARTNERSHIP INTERNATIONAL  
8790 LAKE JORDAN LANE NORTH DINWIDDIE, VA 23803**

*This form is to be completed by adults (age 18 or older on the trip departure date) and is not permissible for minors (under the age of 18). Minors must submit the completed Parental Consent, Certification, and Medical Authorization form, which must be completed by their authorized parent or legal guardian and notarized.*

**\*\*\*Please Send A Color Copy Of Your Passport With This Form\*\*\***

### **PART 1—Assumption of Risk**

I, \_\_\_\_\_ (*name of volunteer—first, middle initial, and last name*), in consideration of my acceptance as a short-term volunteer with Partnership International, Inc., certify that:

1. I am a volunteer worker and acknowledge that I am not an employee of PI:
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 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 the insurance coverage 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 missionary service (*2 Corinthians 11:23-28*).
3. Partnership International, Inc. cannot guarantee that I will not be exposed to, become infected with, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while on the premises, while traveling, to any organized activity, or while engaged in any organization-related activity.

#### **4 Basic Commitments - A Covid Covenant:**

- 1) *I will respect and accept the regulations of the country or city I am going to. I will do this as a representative of Christ, my Church, and Partnership International.*
  - 2) *I will respect and be kind to others who have different views on this topic than I do.*
  - 3) *I am willing to take a Covid Test entering and/or leaving a country or city and agree to pay for such test(s), if it is required by the country or city regulations.*
  - 4) *If I test positive, I understand and accept that there could be additional expenses incurred to me for food, lodging, and travel adjustments. And, I will be willing to quarantine as required by current regulations.*
4. I have no medical conditions that would prevent me from performing my duties.
  5. Subject to insurance coverage described below, I waive and release any and all claims for damages which I, or my heirs or successors, may have against PI, the local church sponsoring the trip, or any agent or employee of any 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.
  6. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian, and subject to the insurance coverage described below, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from (but not limited to) those causes described above.

7. I understand and accept the following policy of PI regarding ransom payments and understand that this is the policy of PI, and all affiliated agencies: *Partnership International has determined that it will not pay ransom nor yield to the demands of anyone who takes one of our missionary family or staff hostage. PI 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 other evangelical missionary societies and after considering the advice of the United States State Department.*
8. 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.
9. 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.**

**PART 2—Insurance**

I am aware of the hazards and risks to my person associated with serving in a missions capacity, as described above. I further understand that PI currently requires the insurance coverage summarized below and is providing such coverage on my behalf for the duration of my ministry through FAITH VENTURES group policy. I accept this coverage provided on my behalf by PI. I understand that I am not covered during any divergences in itinerary that I willingly make, to include, but not limited to, unnecessary stopovers made in transit. I also understand that the coverage (*as detailed below*) is supplemental to insurance coverage I already have, and that I am responsible for obtaining any additional insurance coverage that I consider necessary. I understand that additional insurance details will be forthcoming prior to my trip. Accident Medical Expense: \$25,000//Illness Medical Expense: \$10,000//Emergency Medical Evacuation: \$50,000//Security Evacuation: \$100,000// Baggage and Personal Effects Loss: \$500//Baggage Delay: \$50//Trip Delay: \$100//Passport Replacement: \$50

**Part 3—Photography and Background Checks Photography Release**

I, (*name, please print*) \_\_\_\_\_, give PI the irrevocable and unrestricted right and permission to use my photograph in its publications, electronic reproductions (web sites) and/or promotional materials or any other purpose and in any manner or medium. I release PI, the photographer, their offices, employees, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years of age or older.

**Background Check Release:** *Please note: We reserve the right to perform a background check on all team members in compliance with PI policy, using a verified and professional company. Social Security Numbers will not be used for anything other than a background check, and all numbers will be stricken from any printed record.*

**I authorize PI to perform a background check for any criminal records. I also agree to the terms and conditions described in this form.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*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*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Witness' Signature*

\_\_\_\_\_  
*Address*