RIGHT TURN MINISTRIES ASSUMPTION OF RISK AGREEMENT

For Voluntary Short-Term Missionary Service

I, _____ , represent that I am at least 18 years of age (or if a minor have parent/guardian signature below), and I further represent and agree as follows:

- I am aware of the hazards and risks to my person and property associated with overseas medical and humanitarian missionary activities for which I am volunteering and/or will volunteer for in the future. Such hazards and risks including but not limited to: death or injury by accident, disease, terrorist acts or acts of war, weather conditions and inadequate medical services and supplies.
- I volunteer my services on behalf of Right Turn Ministries freely and voluntarily despite such hazards and risks, and I assume the risks of death, injury, illness, financial expense and all other damages potentially associated with such risks. I also understand that no list of possible risks is exhaustive and additional unlisted and unforeseen dangers or risks could arise during my participation with Right Turn Ministries.
- I also understand that Right Turn Ministries REQUIRE that I purchase emergency medical or trip insurance. With this understanding, I agree that I and I alone assume the responsibility for my safety and for adequate trip, travel, medical, disability and liability insurance.
- I attest and verify that I am physically fit and have no medical condition(s) that would prevent me from performing the volunteer services for which I am applying.
- I waive any and all claims for any damages alleged or proven, which I may incur, or in the future discover, against Right Turn Ministries, Cheryl Shoffstall as its founder, and/or Right Turn Ministries board members from the date of this release until the end of time.
- I understand that I will seek advice from my personal medical doctor in regards to any medications and vaccines I may need prior to traveling.

* I understand that there are polices and rules in place for my safety and the safety of my teammates.

Any infraction of these rules can and will result in an immediate return to the United States at my own expense. I also understand that rule infractions are at the sole discretion of the team leaders.

Sign below in the presence of a notary.

_____ _____ _____ / _____ / _____

Printed Name Signature of Name Date

MINOR PARENTAL CONSENT

If volunteer is a minor, check here _____and by checking this box, I as parent/legal guardian assume all risks on behalf of the above minor, and release any and all claims against Right Turn Ministries and it's board members for said minor by myself or the minor from the date of this release until the end of time.

_____ _____ _____ / _____ / _____

Signature of applicant named above Printed Name Date

NOTARY

STATE OF _____

COUNTY OF _____

On this, the _____ day of _____, 20____ before me, _____, a Notary Public in and for said State, personally appeared _____, known to me to be the person who executed this agreement above, and acknowledged to me that he/she executed the same for the purposes therein stated.

_____ _____ / _____ / _____

Notary Public My Commission Expires