



Minnesota-Wisconsin Baptist Convention Hands of Hope-Janesville, WI Release and Indemnity Agreement

I do hereby represent and acknowledge I am entering a missionary venture with others; as a volunteer I am paying my own expenses, including insurance,¹¹ for the purpose of helping others for the glory of God and to demonstrate my faith in Christ; that the work may at times be hazardous and somewhat arduous and will be performed by concerned volunteers.

I recognize and acknowledge potential accidents at the mission site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the mission team; am fully aware of possible injuries to members of the mission team, including myself.

Therefore, I desire to protect, release, acquit, indemnify and hold harmless from any and all claims, injuries, damages, losses, expenses or attorney fees incurred by me, my heirs, administrators, executors or assigns.

For and on behalf of myself, my heirs, administrators, executors, assigns and all other persons, firms, or corporations, I do hereby release and discharge from liability all other persons on the mission team with me, those who notified, selected or assigned me to said team, the **Minnesota - Wisconsin Baptist Convention leadership, the Southern Wisconsin Baptist Association leadership, Resonate Church** their employees and representatives, successors or assigns, from any claims, demands, damages, actions, causes of actions which I, the undersigned, have or may hereafter, and on account of, or any way growing out of injuries or damages both to persons or property resulting or that may hereafter result from the voluntary venture.

This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purpose herein above stated.

Volunteer:

Print Name: _____ Age _____

Signature: _____

Parent/Guardian of Volunteer:

If volunteer is under 18 yrs.

Print Name: _____

Signature: _____

Witness:

Witnessed, my hand on this the _____ day of _____ 20_____.

Print Name: _____

Signature: _____

¹¹Each Volunteer is expected to have insurance in case of accident, injury or illness. **NO** insurance coverage is provided to volunteers by the **Minnesota-Wisconsin Baptist Convention**. Personal liability is the responsibility of the volunteer.