Volunteer Release Memo

TO: Persons participating with Covenant World Mission staff

FROM: Covenant office of World Mission **RE:** Safety, Liability, and Insurance

If you are volunteering to serve, you should be aware of risks, be cautious and use good safety procedures.

Some of the areas volunteers might visit may have unusually high risks of unsanitary food or water, disease, civil disturbances or crime. There are dangers inherent in travel and in construction projects. Be a good steward of your life and health. Find out what the risks are and be prepared to meet them. Participants, churches and agencies should talk directly about risks and precautions and not rely on Covenant Mission Connection for advice.

Persons volunteering to serve in various programs are not employees or contractors. Therefore, they are not covered by any Worker's Compensation Insurance or accident or group health or life insurance supplied by the church or agency they are serving. You should obtain any insurance you need. If traveling outside your country, you should check to make certain that you have appropriate medical insurance coverage in effect outside your country.

Volunteer Release Form -

I acknowledge that I am a volunteer and not an employee or contractor.

I have a responsibility to obtain my own insurance, if needed.

I also have a responsibility to find out about potential risks and take necessary precautions.

I release Covenant World Mission and any church that is sending or supporting me, the church or agency I am serving, and their employees and agents, of any liability for any injury to me in my volunteer work.

Adult signature	date
Print name	
John Carroll University	
Church	
May 22-31, 2013	
Dates of Trip	
Guatemala	
Location of Trip	
FOR PARENTS OR GUARDIANS: Fill out tr	ip information above and sign below.
On behalf of my minor child, for whom I	
	wledge this release.
Adult signature	date
Print name	

MEDICAL Insurance Coverage

Current Policy	
Team Member	
Insurance Company	
Company Address	
Phone Number	
Name of Insured/Rel	ationship to Insured
Policy Number	
	ed with my insurance company and my current health insurance o for which I have been accepted.
	ed with my insurance company, and my current health insurance trip to for which I have been
If your insurance d coverage during the	oes not cover your trip, you can purchase travel insurance for time away.
Since my current po by the following com	licy does not cover me out of country, I will be insured for the trip pany:
	Overseas Policy
Insurance Company	Cultural Insurance Services International
Company Address	River Plaza, 9 West Broad St., Stamford, CT 06902
Phone Number	1-800-303-8120
Policy Number	

Hold Harmless and Indemnity Agreement



I, of the city of _				, sta	ate of		shall be traveling
with The Evang	elical Co	venant Churc	h and/or C	ovenan	: Merge Mi	nistries (h	ereafter the
"Church") from							
May 22	to	May 31	, 20 <u>13</u>	3	for the pur	rpose of	
An Im	mersior	n Experience	in Guate	mala			
			hereaft	er referr	ed to as th	e Activity.	
I understand an	d agree	that neither th	ne Evangel	ical Cov	enant Chu	rch, Cove	nant Merge
Ministries, nor it	ts trustee	es, representa	itives, emp	loyees,	and gents	may be h	neld liable in any way
for an occurren	ce in con	nection with t	he Activity	which n	nay result i	n injury, h	arm (including
death), or other	damage	s to the perso	on or prope	rty of th	e undersig	ned or me	embers of our
organization an	d guests	, including mir	nors, invite	d or not	. Rather, I	agree tha	t our Organization
alone shall be r	esponsib	le for any pro	perty dam	age, per	sonal injur	y or death	that may occur
during our trave	ls.						
As part of the co	onsidera [,]	tion for partici	pating in th	ne Activi	ty, I,		, release the
Evangelical Cov	venant C	hurch, Coven	ant Merge	Ministrie	es, its trust	ees, emp	loyees, agents,
offices of and re	epresenta	atives from an	y claim for	damag	es, injury, d	death, or I	oss of any kind,
which may occu	ır while p	articipating in	the Activit	y. I,			further agree to
save and hold h	armless	the Evangelia	cal Covena	nt Chur	ch, Covena	ant Merge	Ministries, its
trustees, emplo	yees, ag	ents, or repre	sentatives	from an	y claim aris	sing out o	f or participation in
any form or fast	nion in th	e Activity. Thi	is agreeme	nt shall	be binding	on my re	latives, personal
representatives	, heirs, b	eneficiaries, r	next of kin,	or assiç	ns and sha	all inure to	the benefit of the
Church and its	successo	ors, employee	s, agents,	officers,	and assign	ns.	

Hold Harmless and Indemnity Agreement

I understand that in the event of death, it may not be possible to return the participant's earthly remains to their home. I understand that it may be necessary to bury the participant's body at a location outside of the USA and hereby consent to such burial.

The Evangelical Covenant Church is headquartered in the State of Illinois, and in order to provide certainty in the law to be applied to the construction of their agreement, this agreement shall be governed, construed, and enforced in accordance with the law of the State of Illinois.

I understand the terms of this agreement are contractual and not mere recital; and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the content of this agreement and release by reading it before I signed it.

I have executed this Hold Harmless and Indemnity Agreement this day of				
, 20				
BY:		-		
Participant				
Signature:	Witness:			
for participants under 18 years old,				
Parent Signature:				