



MISSIONER PROFILE AND RELEASE OF CLAIM

Team leader: _____ Project host : _____

Project location (city/townandcountry): _____

Date of Departure (mon/day/yr) ___/___/___ Date of return ___/___/___ Total # days _____

First name _____ Middle _____ Last _____

Home Street Address _____

City, State, Zip Code _____

Email: _____ Work Ph: _____ Home Ph: _____

Date of birth (mon/day/yr) ___/___/___ Sex: _____ Nationality: _____

Passport # _____ Where issued: _____ Expiration date: (mon/day/yr) ___/___/___

District: _____ Local church: _____

Emergency contact: _____ Relationship : _____ Ph: _____

In consideration of the opportunity to participate in the project described above as a volunteer, and in consideration of other obligations incurred by the mission organization, please review the following agreement and sign below:

- I agree to share my faith in an appropriate Christian manner
- I agree to cooperate at all times with the team leader concerning our work and life together and to stay with the team from beginning to end.
- I agree to abstain from offensive habits while on the mission. (The use of alcohol and tobacco is unacceptable for Christians in many countries.)
- Further, I hereby release and discharge the mission organizations which assisted in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have or claim to have, against the mission organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to personal property, real or personal, caused by, or arising out of, the above described mission service. I intend to be legally bound by this statement.
- I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as hazards due to poor food and water, diseased, pests, and poor sanitation; potential danger from lack or control over local population potential injury while working; and inadequate medical facilities, etc.
- I agree to comply with my annual conference Safe Sanctuary policy.

In witness whereof, I have executed this agreement and this release at: City & State: _____

Date: (mon/day/yr) ___/___/___ Signature: _____