

**Waiver of Liability**

TO WHOM IT MAY CONCERN:

FROM \_\_\_\_\_

(please type or print your name)

This is to certify that I, \_\_\_\_\_, recognize that some risks are inherent as a voluntary missionary both in travel and on the field of service. I recognize that all reasonable care for my health and protection will be taken by the agency sponsoring this volunteer mission program. I agree that in the event of any accident or illness, I will make no claim

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Notary Signed \_\_\_\_\_ Date \_\_\_\_\_