

# LIABILITY RELEASE AGREEMENT

The undersigned wishes to participate in a short-term mission ( herein the "Activity") with Ron Herrod Evangelism Ministries Association (R.H.E.M.A.)

Full Name (print)

Country of Activity

and is sponsored by the Ron Herrod Evangelism Association, a Tennessee non-profit religious organization (herein "R.H.E.M.A.") who is providing assistance in arranging this trip.

R.H.E.M.A. and the undersigned agree that the Activity poses risks including the following specific risks: Sickness, crime, political instability, government opposition to missions' activities as well as similar and dissimilar risks.

For and in consideration of R.H.E.M.A. the participant in the Activity, and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the undersigned for himself/herself and his/her personal representatives, assigns, heirs, distributes, guardians, and next of kin (herein the "Releasors"), hereby irrevocably and unconditionally releases, waives, discharges and covenants not to sue R. H.E.M.A. and its affiliates, members, directors, officers, employees, and agents (herein the "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to all liability to the Releasors, on account of injury to the undersigned or death to the undersigned, or injury to the property of the undersigned, whether caused by the negligence of Releasees or otherwise, while the undersigned is participating in the Activity.

The undersigned is fully aware of the Risks and other hazards inherent in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by the undersigned while participating in the Activity.

The undersigned further agrees that he/she bears the sole responsibility for any and all medical expenses while he/she incurs while participating in the Activity, whether for injury or sickness, and whether required as a result of the undersigned's participation in the Activity or not. The undersigned acknowledges Releasees are under no obligation to, and do not provide medical insurance for the undersigned.

The undersigned warrants that he or she has full read and understands the Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to the undersigned.

CAUTION: READ BEFORE SIGNING

Date

Participant Signature

Print Name

Date

Witness Signature

Print Name

Witness signature needs to be someone other than a family member.