



SECTION 5 • CONSENTS AND ASSUMPTION CONTINUED

To be completed by participants 18 years of age or older and returned asap to Scott and Melissa Williams at swilliams@paoc.org

ASSUMPTION OF RISK (18+)

I, _____ (name of volunteer), in consideration of my participation with _____ (name of church), while partnering with Scott and Melissa Williams, Kings Castle Ministries and PAOC represent and agree that:

1. I am a volunteer worker
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize such risks have always been associated with missionary service.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. I waive and release any and all claims for damages which I, or my heirs or successors, may have against Scott and Melissa Williams, Kings Castle Ministries and PAOC
5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
7. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release of my own, free act.

Name (please print): _____

Signature: _____

Date: _____

Witness Name (please print): _____

Signature: _____

Date: _____