



## ASSUMPTION OF RISK AND INSURANCE ELECTION

*Mission America Placement Service  
MAPS Team Member*

### PART 1 – Assumption of Risk

I, \_\_\_\_\_ (name of volunteer), in consideration of my acceptance as a short-term volunteer with the Mission America Placement Service (MAPS) of the Assemblies of God U.S. Missions of the General Council of the Assemblies of God, USA, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of MAPS, the Assemblies of God U.S. Missions, or the General Council of the Assemblies of God, USA.

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 being limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and subject to the insurance coverages described below, I voluntarily assume all risks of death, injury, illness and damage to myself or any members of my family associated with such risks, or any damage to my personal property. I further recognize that such risks have always been associated with missionary service. (2 *Corinthians 11:23-28*)

3. I attest and certify that I have no medical condition that would prevent me from performing my duties.

4. Subject to insurance coverages described below, I waive any and all claims for damages which I, or my heirs or successors, may have against MAPS, the Assemblies of God U.S. Missions, the General Council of the Assemblies of God, and District Council of the Assemblies of God, the local church/individuals sponsoring the MAPS trip/assignment, or any agent, employee or member of any such organization, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.

5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent or legal guardian, and subject to the insurance coverages described below, 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 understand and accept the following policy of the Assemblies of God U.S. Missions regarding ransom payments:

The U.S. Missions Board has determined that it will not pay ransom nor yield to the demands of anyone who takes hostage one of our missionary family or staff hostage. The Assemblies of God U.S. Missions pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering advice of the United States State Department.

7. I expressly waive any defense to the enforcement of any provisions 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.

8. 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 AS MY OWN FREE ACT.**

**PART 2 – Insurance Election**

I am aware of the hazards and risks to my person associated with serving in a missions capacity, as described above. I further understand that MAPS currently offers the insurance coverages summarized below, that I am responsible for the cost of such insurance, that these coverages are subject to change, and that I am responsible for obtaining any additional insurance coverage that I consider necessary:

- \* \$100,000 24-hour accidental death and dismemberment
- \* \$ 1,000 Monthly limit for permanent total disability based on an accident (88-month maximum, with a 12- month waiting period). A lump sum payment of \$12,000.
- \* \$250 Monthly limit for permanent total disability based on illness (50 month maximum, with a 3-month waiting period).
- \* \$50,000 Accident medical limit.
- \* \$10,000 Sickness medical limit.
- \* \$50 Deductible per occurrence.
- \* \$75,000 Medical air taxi limit

Please check the appropriate statement:

\_\_\_\_\_ I have adequate insurance coverage and do not desire the insurance coverage described above.

\_\_\_\_\_ I desire the above-described insurance coverage with Guarantee Trust Life Insurance Company

**SIGNATURES**

Date: \_\_\_\_\_

\_\_\_\_\_  
Legible Signature

\_\_\_\_\_  
Legible Signature of Spouse (if he/she will accompany you on this trip)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**IMPORTANT:** *Please have two (2) witnesses observe your signing of this form, and have the witnesses sign below. They must be at least 18 years old, and they cannot be your relatives.*

\_\_\_\_\_  
Witness' legible signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness' legible signature

\_\_\_\_\_  
Address

**Team Trip Information:**

Name of Church: \_\_\_\_\_ City, State: \_\_\_\_\_

Destination: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

**Please send the signed Assumption of Risk form to this address prior to your trip:**

**U.S. Missions MAPS  
1445 Boonville Ave.  
Springfield, MO 65802**