



MIAMI AMBASSADORS IN MISSION

AIM is the missions program of the Assemblies of God youth. The goal of AIM is world evangelism-to allow young people a first hand experience on the mission field. If you desire to be used by God in missions, this trip might be for you. AIM is not for everyone. It is not a vacation to an exotic land, although there will be many wonderful things to see. It is an opportunity for you to be involved in souls being saved.

DESTINATION: Miami, Florida

DATES: June 12-16, 2017

Initial cost: \$75.00 non-refundable/non-transferable deposit due by May 1st; after May 1st add \$25 late fee

TOTAL COST: Lodging on site: \$245 / \$270 total (based on registration date, includes deposit)

Commuters: \$180 / \$205 plus your own lodging (based on registration date, includes deposit)

AGE REQUIREMENT

Students must be age 14 by the summer of 2017 to be part of the stateside AIM trip. Each group will also need chaperones for the week in Miami. If you have girls and guys, please provide a male and female chaperone.

WHAT TO BRING

Enough clothing for one week, bedding (sleeping bag & air mattress as you will be sleeping on the floor), socks, underclothing, good walking shoes, toiletries, flashlight, vitamins, sunscreen, bug repellent, notebook, Bible and a heart willing to serve!

MINISTRY

We will be doing street ministry involving drama, singing, person to person witnessing, preaching, etc. Your team will need to come prepared to minister on the streets. Be prepared to do service projects like cleaning a neighborhood or even putting new shoes on kids. Mostly you need to come with a servant's heart and an expectation to see God move in the lives of people.

HOUSING

Our accommodations will be at Central Church in Miami (1300 SW 87th Ave, Miami) If you live in the area you can commute. The commuter fee is \$175. If your group chooses to stay in a hotel, then you will need to make your own arrangements for housing. On-site housing is limited to the first 200.

WHEN TO ARRIVE

Arrive Monday, June 12 and go to Central Church in Miami for registration and further directions. Registration is between 2-4pm and there is a 5pm MANDATORY ORIENTATION. You are responsible for providing transportation to and around Miami. Teams that need to come in Sunday night need to contact us to make arrangements. Meals will start Monday dinner and go through Friday breakfast.

PURPOSE

The purpose of the Miami Mission is to present the Gospel to the least, the last and the lost. To love communities with the love of Jesus in a tangible way. Students will be taken to downtown and depressed areas and will be given opportunities to minister to people in migrant camps and parks.

WEATHER AND CLOTHING

Miami is hot and can rain. We will issue each team member 2 shirts and they will wash one and wear one each day for the outreach. Bring water bottles and a cooler for water that can be filled daily for your students. Since you will be doing a lot of walking, it is vital that you bring comfortable shoes.

COST:

For those lodging on-site the cost is \$245. The price includes meals, lodging, insurance, 2 t-shirts and a great experience. You are responsible for transportation to and from as well as in Miami. You will be responsible for any extra meals and incidentals on the streets.

For those commuting the cost is \$180. The price includes meals, insurance, 2 t-shirts and a great experience. You are responsible for transportation to and from as well as in Miami. You will be responsible for any extra meals and incidentals on the streets.

APPLICATIONS

Applications must be postmarked on or before May 1, 2017 and include the \$75 deposit. Add \$25 late fee after 5/1.

Full payment MUST be received by June 2, 2017

Make Checks payable to PFDC-Miami Mission. For online payment options, please contact youth@penflorida.org.

Mail registrations and payment to: PFYouth Miami Mission, PO Box 24687, Lakeland FL 33802-4687



YOUTH

This application will not be accepted without the \$75 registration fee due May 1, 2017. The application fee is not transferable and not refundable, unless the application is not accepted. Final payment is due by June 2. Requirements: you must be at least 14 years old, saved, have a desire to go and not be sent by mom or dad, display qualities of a Christian, and have a pastor's recommendation.

Make checks payable to: PFDC-Miami Mission

Mail Registration/Deposit to: PFYouth Miami Mission, PO Box 24687, Lakeland FL 33802-4687

PLEASE PRINT CLEARLY!

Deposit Paid: \$ _____

Indicate One: Onsite Housing Commuter

First/Last Name (name you go by): _____

Email: _____

Home Address: _____

City: _____ State: ____ Zip: _____ Student T-Shirt Size: Sm Med Lg XL 2XL 3XL

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

SS#: _____ (Only applicants 18 & over, in order to secure a required background check)

Due to increasing legal liabilities, all those that apply who are 18 & over must submit to a criminal background check. Their completed birth date (MM/DD/YYYY) and social security number must be accurate. Pen Florida will arrange to have this check done upon acceptance of the application. Final approval of this application can only be completed after the background report is approved.

Home Phone: (_____) _____

Applicant's Cell Phone: (_____) _____

Father's Name: _____

Father's Cell Phone: (_____) _____

Mother's Name: _____

Mother's Cell Phone: (_____) _____

Do you live with both parents? Yes No If no, who is your primary guardian? _____

If an adult, not living at home, please list the following:

Emergency Contact: _____

Emergency Phone: (_____) _____

MEDICAL INFORMATION

Are you in good physical health? Yes No If no, please explain: _____

Do you have any physical handicaps? Yes No If yes, please explain: _____

Will you be willing to eat whatever food you are served? Yes No If no, please explain: _____

Do you have any known allergies? Yes No If yes, please explain: _____

Are you currently taking any medications? Yes No If yes, please explain: _____

EDUCATIONAL INFORMATION

How many years of schooling have you completed? _____

Do you speak any foreign languages? Yes No If yes, please list and note how fluent: _____

Please list any special skills, abilities, musical talents, etc., you may have: _____

SPIRITUAL INFORMATION

Please check which of the following you have personally experienced:

Accepted Christ, Year: _____

Water Baptism, Year: _____

Baptized in Holy Spirit, Year: _____

Do you love Jesus with all of your heart and your lifestyle shows it? Yes No

MISSIONS EXPERIENCE

Please describe your involvement in your local church: _____

Why do you want to participate in this Miami Mission Stateside AIM outreach? _____

How did you learn about this missions trip? _____

Have you ever participated in a Missions trip or AIM Outreach? Yes No

If yes, what year(s) did you participate? _____

Where did you go? _____

Senior Pastor: _____

Youth Pastor: _____

Church Name: _____

Church Address: _____

Church City: _____ State: _____ Zip: _____ Church Phone: _____

I certify that all of the above information is true and I have answered each question completely and honestly. I also understand that the \$75 registration fee is not refundable or transferable, unless my application is not accepted. By signing this application I will agree to the payment schedule and work with all my heart and strength at presenting the Gospel to a lost and dying world. Missions is not about me, it's all about souls.

Applicant Signature: _____ Date: _____

Pastor Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PARENTAL CONSENT AND AUTHORIZATION

For Minors under the Age of 18

Domestic Travel

Parents or legal guardians of minor children are required to complete this form and return to the team leader. If you have sole custody, provide a copy of the court decree to your team coordinator. The team leader will bring these documents (all pages) on the trip for verification. This form is NOT valid if completed by the child traveling. This form must be signed by both parents (as applicable) or the legal guardian and the temporary guardian (if applicable) in the presence of a notary. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Minor's Name ("Child"): _____ Date of Birth: _____

Street Address: _____ City, State, Zip: _____

Father's Name: _____ Father's Email: _____
 Address is the same as Child's (skip to phone information)

Father's Address: _____ City, State, Zip: _____

Father's Phone Numbers – Home: _____ Work: _____ Cell: _____

Mother's Name: _____ Mother's Email: _____
 Address is the same as Child's (skip to phone information)

Mother's Address: _____ City, State, Zip: _____

Mother's Phone Numbers – Home: _____ Work: _____ Cell: _____

Detailed Description of Activities:

TRANSPORTATION (AS OF THIS DATE), SUBJECT TO CHANGE:

All of the churches that will attend Miami Missions will travel by bus/car to Central Church in Miami. Upon arrival they will have orientation and we will travel the following morning to our first site in North Miami. Much of our ministry will be held at parks, schools and churches in North Miami Florida. They will use that same transportation daily. All of the transportation that will occur in Miami will be provided by the church attending the event.

ACTIVITIES INCLUDING BUT NOT LIMITED TO:

- Once we arrive we will have orientation and prayer at Central Church in Miami. On Tuesday June 13 we will head out to do North Miami and do ministry in the park. The ministry will include a small kids carnival with "corn hole" "water balloons" "face painting" "bowling" on Tuesday.
- On Wednesday and Thursday we will do street ministry with spectacle evangelism. These include dances, dramas, clowns, and games. We will select different parks and locations throughout Northern and Central Miami to minister. The church we work with will then follow up for discipleship.
- Thursday Night we will have a closing service at Central Church Miami with worship and one of the pastors attending preaching.
- Friday morning we will dismiss all the churches to return back to their local communities and serve.
- Walking around the community preaching, serving and doing one on one evangelism. Good walking shoes are asked to be worn for this.
- Church services nightly for people reached in the community along with devotionals for the students that attend Miami Missions.

Dates and Locations of Activities:

June 12-16, 2017

All of the days we will be sleeping at Central Church Miami on Sleeping bags and air mattresses.

Central Church
1300 SW 87th Ave
Miami, FL 33174

Medical Information:

Family Doctor: _____ Doctor's Phone: _____

Insurance Company: _____ Policy Number: _____

Is your Child presently being treated for injury/sickness or taking any form of medication? If yes, explain.

Please list medications, foods or environmental conditions that Child is allergic to, and expected reactions.

Does your Child have any physical condition or illness that would prevent him or her from participating on this mission trip? No Yes (explain)

Does your Child have (or ever had) any medical condition that could require special attention?

Are there any activities that you would not want your Child to participate in? No Yes (explain)

I approve the following travel plans:

Dates of Travel: _____ Team Confirmation # (if applicable): _____

Destinations/
City and State _____

I authorize the team leader to make any changes to the travel plans specified above as circumstances dictate.

Sending Church: _____ Church Location: _____

Medical Treatment Authorization

I/We, the parent(s) and/or legal guardian(s) of Child, understand that we will be notified in the case of a medical emergency involving the Child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill. We authorize the temporary guardian or any leader on this trip to make emergency medical care decisions on behalf of our Child, if required by law or a health care provider.

I/We, the parent(s) and/or legal guardian(s) of Child, understand that The General Council of the Assemblies of God and its affiliated ministries, and/or any Assemblies of God church and/or District Council, and/or any Assemblies of God school, college or university (collectively "GC") and/or any of their officers, directors, employees, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis of this authorization, and we hereby agree to hold harmless, defend and indemnify "GC", its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions,

liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the provision of medical services for our Child. It is our express intention to defend, indemnify and hold harmless "GC" from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of our Child.

I/We agree to notify "GC" in the event of any health changes which would restrict the Child's participation in this mission trip. We also understand that any "GC" representative reserves the right to restrict the Child from any activity for any reason.

Policy Requirements for Minors

Guidelines for minors have been established by The General Council of the Assemblies of God and are taken from U.S. Child labor laws, U.S. Department of State International Travel Guidelines, and IRS criteria for volunteer labor and travel expenses. Our desire is to give everyone an opportunity to serve on a team trip. We do not intend to stifle any persons from being in a position for God to speak to their hearts regarding future involvement in missions. Minors under age 18 are allowed to travel without a parent or legal guardian, but they must have a signed Parental Consent and Authorization form and travel insurance coverage through Mission Assure. The team leader will assign one or more adults to supervise the Child at all times for the duration of the trip.

Consent, Certification, and Assumption of Risk

IN CONSIDERATION of our Child being accepted for this mission trip, I/We, the undersigned, being the parent(s) or legal guardian(s) of the Child named above do hereby consent to the Child's participation on a team outreach sponsored by GC to the destination noted above, including, but not limited to, all of the activities customarily associated with a GC trip unless noted above.

1. Status. I/We hereby certify that the Child is physically fit and adequately trained to participate in a mission trip. I/We further certify that the Child has followed and is following all procedures (vaccinations, immunizations, shots, serums, medications, etc.) recommended by our family doctor.
2. Risks of travel. I/We am/are aware of the hazards and risks to the Child's person and property associated with serving in a missions capacity; such hazards and risks including but not being limited to: injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from destinations. I recognize that the Chile may be subjected to potential risks, illnesses, injuries, and even death. I/We have made investigation of these risks, understand these risks, and assume them on behalf of the Child knowingly and willingly. I/We further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

I/We also acknowledge that in working, living and traveling in cities, the Child may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which he or she is accustomed. I/We acknowledge that it is my/our responsibility to take every precaution to ensure that the Child knows the required measures needed to safeguard his/her health and to protect his/her personal belongings from damage or theft. I/We acknowledge that GC recommends that the never travel alone, particularly at night. Being alone, especially at night, may present additional danger to the Child's safety and well-being.

I understand and agree that if, during the Child's participation in the above-described activities, GC learns that he/she is experiencing serious health problems, has suffered an injury, or is otherwise in a situation that raises significant health and safety concerns, then GC may contact the person whose name is provided as "emergency contact."

3. I/We understand that while the above-named Child participates on a team trip, he or she is responsible to comply with all orders and directives of the team leader and/or the Assemblies of God missionary in charge.

4. **GENERAL RELEASE AND ASSUMPTION OF RISK:**

KNOWING THE RISKS DESCRIBED ABOVE, WE AGREE, ON BEHALF OF OURSELVES AND OUR CHILD, FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING OUR CHILD'S PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND ITS AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH OUR CHILD MAY SUFFER, OR FOR WHICH OUR CHILD MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO OUR CHILD'S PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON OUR CHILD'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

5. I/We 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/us enforceable against me/us in accordance with its terms.

6. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.

7. I/We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I/We further state that I/WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I/WE VOLUNTARILY SIGN THIS AGREEMENT AS MY/OUR OWN FREE ACT.

Photograph & Video Release Form

I/We hereby grant GC permission to the rights of the Child's image, likeness, and sound of their voice as recorded on audio or video tape without payment or any other consideration. I/We understand that the Child's image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein the Child's likeness appears. Additionally, I/we waive any right to royalties or other compensation arising or related to the use of the Child's image or recording.

I agree that GC may use such images of the Child with or without Child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.


I/We acknowledge that I/we have completely read and fully understand the above release and agree to be bound thereby. I/we hereby release, defend, hold harmless and indemnify GC from any and all claims for utilizing this material.

Insurance Election

I/We am/are aware of the hazards and risks to the Child associated with serving in a mission's capacity. I/We further understand that GC currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I/we am/are responsible for obtaining any additional insurance coverages that I/we consider necessary.



Travel Insurance Program
Insured by **CHUBB**

|  | Domestic U.S. Missions | Foreign Missions |
|---|--|---|
| Administered by | AG Financial Insurance | AG Financial Insurance |
| Accidental Death & Dismemberment | \$100,000 | \$100,000 |
| Accident Permanent Total Disability | \$100,000 after 365 waiting period | \$100,000 after 365 waiting period |
| Accident Medical Expense Benefit | \$50,000 benefit, \$0 deductible | N/A |
| Emergency Medical Expense Benefit (Guarantee of payment) | \$10,000 | \$10,000 |
| Out of Country Medical Expense Benefit (Injury & Sickness) | N/A | \$100,000 benefit, \$0 deductible |
| Emergency Medical Evacuation | 100% of covered expenses (Traveler must be at least 100 miles from primary residence) | 100% of covered expenses |
| Repatriation of Mortal Remains | 100% of covered expenses (Traveler must be at least 100 miles from primary residence) | 100% of covered expenses |
| Family Coordination / Emergency Medical Reunion | None | 100% of covered expenses |
| Security Evacuation, including natural disaster evacuation | None | \$100,000 |
| Foreign General Liability/Auto Liability | None | \$2,000,000 per occurrence/ \$5,000,000 aggregate \$2,000,000 Contingent Auto |
| Pre-existing Conditions | Treated as any other medical condition | Treated as any other medical condition |
| War Coverage (AD&D, Medical & Evac) | None | Worldwide |

Mission Assure™ Travel Insurance Program is for AG short term mission trips no longer than 365 days.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms and conditions may be different if required by state law.

Temporary Guardianship

A temporary guardianship is required if neither parent is traveling with their Child. The temporary guardian must be 21 years old and must sign this form in the presence of a notary public.

I/We the parent(s) or legal guardian(s) of the Child listed above do hereby grant temporary guardianship of Child to _____ as temporary guardian, for the dates and travel plans listed above. This Temporary Guardianship agreement will serve as a legal and binding document that will allow the Child to obtain medical treatment and to make any decisions regarding the needs of the Child for this period.

I/We understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

We attest to the truthfulness, accuracy, and validity of the foregoing statements.

Minor's Name: _____

Father's/Legal Guardian's Signature *Date*

Mother's/Legal Guardian's Signature *Date*

Temporary Guardian's Signature (if applicable) *Date*

Certificate of Acknowledgement of Notary Public

STATE OF _____ COUNTY OF _____

Acknowledged before me on _____ (date)

By _____ (parental/legal guardian)

And _____ (parent/legal guardian)

And _____ (temporary guardian if applicable)

Signature of Notarial Officer

Notary Public for the State of _____ My commission expires: _____

ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT
Domestic Travel

What an honor it is to have you volunteer for missionary service. We want to acquaint you with the philosophy and expectations of Assemblies of God. We also want to give you the opportunity to fully evaluate the undeniable fact that times of extreme stress and crisis will come that could cause you to question whether or not you would have participated on this mission if you had known all the facts. It is impossible to predict, fully prepare you, or furnish you with all aspects of what you may face. We have, therefore, prepared some basic assumptions which we both must make. Please prayerfully consider the following assumption statement before signing and returning it to Assemblies of God. Your application cannot be processed without the proper signatures on this form.

Participant Information
(Please Print Legibly)

Name of Participant: _____

Email: _____

Address: _____

Telephone: _____

Name of Emergency Contact: _____

Daytime Phone: _____

Evening Phone: _____

Detailed Description of Activities:

TRANSPORTATION (AS OF THIS DATE), SUBJECT TO CHANGE:

All of the churches that will attend Miami Missions will travel by bus/car to Central Church in Miami. Upon arrival they will have orientation and we will travel the following morning to our first site in North Miami. Much of our ministry will be held at parks, schools and churches in North Miami Florida. They will use that same transportation daily. All of the transportation that will occur in Miami will be provided by the church attending the event.

ACTIVITIES INCLUDING BUT NOT LIMITED TO:

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- On Wednesday and Thursday we will do street ministry with spectacle evangelism. These include dances, dramas, clowns, and games. We will select different parks and locations throughout Northern and Central Miami to minister. The church we work with will then follow up for discipleship.
- Thursday Night we will have a closing service at Central Church Miami with worship and one of the pastors attending preaching.
- Friday morning we will dismiss all the churches to return back to their local communities and serve.
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Dates and Locations of Activities:

June 12-16, 2017

All of the days we will be sleeping at Central Church Miami on Sleeping bags and air mattresses.

Central Church
1300 SW 87th Ave
Miami, FL 33174

I, _____ IN CONSIDERATION of my acceptance as a volunteer on this missionary trip in cooperation with the Assemblies of God, and other considerations the sufficiency of which is acknowledged, represent and agree that:

1. Status. I am a volunteer and/or self-employed worker and acknowledge that I am not traveling as an employee of the General Council of the Assemblies of God.

I attest and certify that I am physically fit and have no medical conditions that would prevent me from participating in the above-referenced activity.

2. Risks of travel. 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 injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from destinations. I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

I also acknowledge that in working, living and traveling in cities, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which I am accustomed. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Assemblies of God recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.

I understand and agree that if, during my participation in the above-described activities, the travel leader learns that I am experiencing serious health problems, have suffered an injury, or am otherwise in a situation that raises significant health and safety concerns, then the travel leader may contact the person whose name I have provided as my "emergency contact." I understand that the travel leader ordinarily will not initiate such contact without first having a discussion with me.

3. GENERAL RELEASE AND ASSUMPTION OF RISK:


KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND IT'S AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACVITITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT

LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

4. Insurance Election - I am aware of the hazards and risks to myself associated with serving in a mission's capacity. I further understand that GC currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.



Travel Insurance Program

| MISSION  ASSURE™ | Domestic U.S. Missions | Foreign Missions |
|---|---|---|
| Administered by | AG Financial Insurance | AG Financial Insurance |
| Accidental Death & Dismemberment | \$100,000 | \$100,000 |
| Accident Permanent Total Disability | \$100,000 after 365 waiting period | \$100,000 after 365 waiting period |
| Accident Medical Expense Benefit | \$50,000 benefit, \$0 deductible | N/A |
| Emergency Medical Expense Benefit (Guarantee of payment) | \$10,000 | \$10,000 |
| Out of Country Medical Expense Benefit (Injury & Sickness) | N/A | \$100,000 benefit, \$0 deductible |
| Emergency Medical Evacuation | 100% of covered expenses (Traveler must be at least 100 miles from primary residence) | 100% of covered expenses |
| Repatriation of Mortal Remains | 100% of covered expenses (Traveler must be at least 100 miles from primary residence) | 100% of covered expenses |
| Family Coordination / Emergency Medical Reunion | None | 100% of covered expenses |
| Security Evacuation, including natural disaster evacuation | None | \$100,000 |
| Foreign General Liability/Auto Liability | None | \$2,000,000 per occurrence/ \$5,000,000 aggregate \$2,000,000 Contingent Auto |
| Pre-existing Conditions | Treated as any other medical condition | Treated as any other medical condition |
| War Coverage (AD&D, Medical & Evac) | None | Worldwide |

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This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms and conditions may be different if required by state law.

5. Minor children. In the event that I have minor children who will accompany me on my assignment, I take full responsibility for their supervision and conduct at all times, and 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. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.
8. I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

signature of participant

printed name of participant

witness signature

date witnessed