

ASSUMPTION OF RISK

Medical Mission Adventures

Note: This is for use by adults who participate with Medical Mission Adventures. Medical Mission Adventures may not have insurance to cover injuries or accidents that occur while acting in a volunteer capacity, and it has no means of adequately supervising all volunteer activities, we ask volunteers to assume all risks associated with them as a condition of their participation.

I, , in consideration of my acceptance as a volunteer of Medical Mission Adventures, 11540 Bonham Ave., Lakeview Terrace, CA 91342, represent and agree that:

1. I am a volunteer worker and not an employee of Medical Mission Adventures.
2. I am aware of the hazards and risks to my person and property associated with serving, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment as a volunteer with full awareness of these risks, and, subject to any insurance coverage that may be available to me from any source, and I voluntarily assume all risks of death, injury and illness associated with such risks, and any damage to my personal property, and I release Medical Mission Adventures and its agents, officers, directors, and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with serving in this capacity.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties as a volunteer.
4. 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.

I am aware of the hazards and risks to my person associated with participation in Medical Mission Adventures as a volunteer, as described above. I further understand that Medical Mission Adventures may not have any insurance coverage that would apply in the event of my death, illness, or injury, or damage to my property that may occur during my participation as a volunteer, and if I desire insurance coverage I am responsible for the cost of such insurance.

I expressly agree that this assumption of risk 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.

THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

<hr/>		<hr/>	
Date		Signature	
<hr/>		<hr/>	
Address	City	State	Zip
IMPORTANT: Please have two (2) witnesses observe your signature, and have them sign below. They must be at least eighteen (18), and should not be relatives.			
Witness:	<hr/>	Witness:	<hr/>
Address:	<hr/>	Address:	<hr/>
City:	<hr/>	City:	<hr/>
State & Zip:	<hr/>	State & Zip:	<hr/>

Enter your name where indicated and press the "Submit by Email" button, then print and sign a copy to be given to MMA later.