**RELEASE OF LIABILITY**

I do hereby represent and acknowledge that I am entering upon a missionary venture with others; that as a volunteer, I am paying my own expenses for the purpose of helping in times of disaster; that the work may at times be hazardous and somewhat arduous; that I will be supervised by trained disaster relief volunteers and qualified professionals; and that the vehicles me and other transporting volunteers will be operated by volunteers who may or may not be professional drivers.

I recognize and acknowledge the potential for accidents at the disaster site, in or about the living, sleeping and eating areas of the disaster relief team, or involving motor vehicles. I am fully aware that I may be injured.

For and on behalf of myself, my heirs, administrators, executors, and assigns, I do hereby release and discharge from liability all persons who serve on the Oklahoma Disaster Relief team; those who notified, selected or assigned me to the said team; the Baptist General Convention of the State of Oklahoma; the Partnership and Volunteer Missions office of the Baptist General Convention of the State of Oklahoma; the Southern Baptist Convention; and their employees and representatives, successors or assigns, from any and all claims, demands, damages, actions, causes of actions which I have or may hereafter have on account of, or any way growing out of injuries or damages either to persons or property resulting or that may hereafter result from my voluntary activities.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE OF LIABILITY 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.

Witnessed my hand on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Print Name |  | | | | | | |
| Signature |  | | | | | | |
| Team |  | | | | | | |
| Address |  | | | | | | |
| City |  | | State: |  | | Zip: |  |
| Emergency Contact | |  | | | Contact # | |  |

**IMPORTANT:** Please have two (2) witnesses observe your signature and have them sign below. They must be at least 18 years of age and should not be relatives.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Witness |  | | Witness |  | |
| Address |  | | Address |  | |
| City |  | | City |  | |
| State and Zip | |  | State and Zip | |  |