

**The American Baptist Home Mission Society (National Ministries)
Volunteers In Mission
Medical Health Care Release Form**

Date:

Name:

Address:

Birth Date:

Phone#:

Mission Group Name & Destination:

Dates of Mission Trip:

Type of Work to be assigned:

I discharge and release National Ministries, its employees, successors and assigns from liability or claim with respect to any bodily injury, illness, death, or property damage that may result from my participation with the above Mission Group endeavor described above. I understand that National Ministries does not assume any responsibility for or obligation to provide financial or other assistance including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damaged. I affirm that I am doing the work assigned on behalf of the site listed above, not on behalf of National Ministries. I am not an employee of National Ministries. I am participating in the work assigned as a volunteer.

Signature:

Guardian (If a minor):

Notary Signature & Seal:

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