



**Polish Christian Ministries
1212 Schucks Rd
Bel Air MD 21015-5008**



Legal Agreement Waiver Form

Between

Polish Christian Ministries, a United States Registered Charity, a Maryland 501(c)(3) Non Profit Organization (The Releasees)

AND

(Name of Individual Volunteer) _____

Re: Outreach in Poland as Volunteer Intern

Dates of Volunteer Internship: From _____ **to** _____

By signing this Permission/Waiver Form, I expressly warrant that I am capable of withstanding both the physical and mental demands of any activities of this Volunteer Internship (VI). I also expressly assume all risks of me participating in the VI, whether such risks are known or unknown to me at this time. I further release The Releasees and their Directors, officers, employees, volunteers and agents from any claim that I may have against them as a result of injury or illness incurred during my participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach or warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against The Releasees and their Directors, officers, employees, volunteers & agents as a result of injury or illness to me.

The Releasees are not responsible for the loss of theft of personal belongings.

I understand that all expenses which I incur while on this VI will be met out of my own funds.

I agree to purchase adequate Travel Insurance prior to this VI and I will provide evidence of coverage to the Releasees in advance of the VI.

I agree to provide The Releasees with evidence of coverage of all required travel documentation, including valid Passports and health information, and a satisfactory State level Policy Check in advance of the VI.

I understand and authorize that my image may be photographed or filmed and used in video presentations, printed publications and The Releasee's website.

I agree to follow the direction of the Releasee's employees or volunteers or their representatives or agents while overseas. Misconduct may result in transportation home from an activity at my expense and I understand that, if dismissed for a disciplinary reason, I will not receive a refund of any fees.

First Aid and Emergency Medical Treatment: I recognize that there may be occasions where I may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the Releasees to seek and secure any needed medical attention or treatment for me, including hospitalization, if in the agent's opinion such need arises. I agree to pay all fees and costs arising from this action to obtain medical treatment. The Releasees do not provide accidental death, disability, dismemberment or medical expense insurance on behalf of any Mission Trip attendee. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and again to pay for the medical treatment.

By signing below, you represent that the information contained in this waiver form is correct to the best of your knowledge.

Dated this _____ day of _____ (month), _____ (year)

Signature

Witness (Signature & Printed Name)