**La Limyé Ministries Mission Trip Release**

I am aware of the potential hazards and risks to my body and property associated with serving in a mission’s capacity, such hazards and risks including, but not being limited to, injury or death by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. With respect to La Limyé Ministries and its agents, volunteers, ministry partners, officers, directors, and employees, I assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release La Limyé Ministries and its agents, volunteers, ministry partners, officers, directors, and employees from any liability, claims, expenses or damages that I, my agents, heirs, representatives or assigns, or any other person whatsoever, may suffer, incur or have asserted against them as a result of my participation in the mission project. I further acknowledge that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)  
  
*I further understand that La Limyé Ministries does not have any insurance coverage that would apply in the event of my illness, injury, death, or damage to my property that may occur during my participation on the trip or during training camp. Such insurance is required for interns (anyone staying 30 days or more) and strongly recommended for short-term mission trip participants. I understand that I am solely responsible for the cost and arrangements of such insurance.*   
  
Any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker Ministries. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.   
  
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 further promise that I, my agents, heirs, representatives or assigns, will not sue or proceed in any manner, in agency or other proceedings, whether at law, in equity, or otherwise, or to initiate or cause to be initiated any prosecution or proceedings of any kind whatsoever under applicable criminal or penal laws, or consent to be a complainant in any criminal action or proceeding, against to La Limyé Ministries and its agents, volunteers, ministry partners, officers, directors, and employees, for or on account of any claim of any nature whatsoever as a result of my participation in the mission project.   
  
I expressly agree that this agreement is governed by the laws of the State of Tennessee and 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 RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL AGREEMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY. If any provision of this document is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective. The provisions of this document may not be waived, altered, amended or repealed, in whole or in part, except upon the prior written consent of La Limyé Ministries.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under-age 18 Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***All interns (anyone staying 30 days or more) must have this document notarized.***