



Release of Liability and Permission Regarding Medical Care

1. Introduction

THIS IS A RELEASE OF LIABILITY AND AN AUTHORIZATION REGARDING MEDICAL CARE. BY SIGNING BELOW, I AM AGREEING TO RELEASE THE CHRISTIAN AND MISSIONARY ALLIANCE (C&MA) AND OTHER PARTIES FROM LIABILITY. I AM ALSO GRANTING PERMISSION TO THE C&MA TO SEEK AND OBTAIN MEDICAL CARE IN THE EVENT OF MY ILLNESS OR INJURY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY.

It is my understanding that participation in Global Ventures is a privilege. In consideration for the privilege of participating in Global Ventures, I am signing this Release of Liability and Permission Regarding Medical Care form ("Release"). I acknowledge that my participation in Global Ventures may involve certain risks of physical injury, illness, or death, including risks of which I may not presently be aware and I hereby agree to assume such risks.

2. Release and Indemnification

I hereby agree to release and hold harmless the C&MA, members of its board of directors, and its officers, employees, members, volunteers and agents (collectively, the "Released Parties"), from, and to discharge and waive, any and all claims, demands, losses, damages and liabilities with respect to any and all property damage, personal injury and/or death arising from my participation in Global Ventures. The foregoing sentence shall apply (without limitation) to all claims, demands, losses, damages and liabilities described therein, whether known or unknown, foreseen or unforeseen, future or contingent, except claims, demands, losses, damages and liabilities arising out of the sole and exclusive gross negligence or willful and wanton misconduct of one or more of the Released Parties. I further covenant not to sue any of the Released Parties in connection with any of the claims, demands, losses, damages or liabilities described above.

I further agree to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any and all property damage, personal injury and/or death arising from my participation in Global Ventures, as may be asserted by a third party (defined as any party other than the Released Parties or me), except to the extent such a claim might be based upon the sole and exclusive gross negligence or willful and wanton misconduct of one or more of the Released Parties.

3. Authorization of Medical Care

I understand and acknowledge that the C&MA does not provide health insurance for me, except for travel insurance which the C&MA may, in its sole discretion, choose to obtain. I agree that it is important for me to maintain insurance. I hereby certify that I am/am not covered by a personal or group insurance plan, the policy name and number of which I have listed below if applicable, for hospitalization and medical expenses.

In case I am in need of any necessary medical or surgical treatment to protect my health and welfare while participating in Global Ventures, I authorize and agree to allow any authorized agent or employee of the C&MA to consent to and authorize the administering of such necessary medical and/or surgical treatment. I acknowledge and agree that the release of liability, hold harmless and indemnification provisions set forth in Section 2 above shall apply to any authorization and consent to medical or surgical treatment on my behalf made by the C&MA or its authorized agents or employees.

4. Mediation/Arbitration

C&MA and I agree that should a claim or dispute arise from my participation in Global Ventures, it shall be settled by biblically based mediation and, if necessary, legally binding arbitration under a Christian mediation or reconciliation process in accordance with the Rules of Procedure promulgated by Peacemakers Ministries, Inc. of Billings, Montana, United States of America, or its successor. The venue for such mediation or conciliation process shall be Colorado Springs, Colorado, or such other location agreed upon by both parties. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

5. Miscellaneous

In the event that any provision of this Release is determined to be invalid or unenforceable, the remainder of the provisions shall remain in full force and effect as if this Release had been executed with the invalid provision eliminated. I understand and agree that this Release is intended to be as broad and inclusive as permitted under applicable law.

The undertakings and covenants of this Release shall be binding upon me, my family, my heirs, next of kin, legal representatives, beneficiaries, successors, and assigns. This Release shall be interpreted in accordance with the laws of the State of Colorado. The terms of this Release are contractual and not a mere recital.

This Release shall be effective and binding upon me. I have read this Release and understand its terms. I further represent that I am at least eighteen (18) years of age and am not a minor in my State of residence.

SIGNATURE

DATE

PRINTED NAME

BIRTH DATE

NAME OF HEALTH/MEDICAL INSURANCE COMPANY

POLICY NAME AND I.D. NUMBER

STATE OF _____

NOTARY PUBLIC _____

COUNTY OF _____

COMMISSION EXP. DATE _____

ON THIS _____ DAY OF

_____, _____ BEFORE ME

PERSONALLY APPEARED

_____ TO

BE KNOWN TO BE THE PERSON WHO EXECUTED THE ABOVE RELEASE OF LIABILITY AND PERMISSION REGARDING MEDICAL CARE AND ACKNOWLEDGE THAT VOLUNTARILY EXECUTED THE SAME.