

*LifeLine Missions International, Inc.*

Karen Jones, Executive Director  
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...to visit the fatherless and widows in their affliction...  
James 1:27

**Minor Risk Assumption Agreement**

I, \_\_\_\_\_ in consideration of the acceptance of application for volunteer service on behalf of LifeLine Missions International, signify that, as a minor, I will be accompanied by a guardian who is 21 years of age or older and who accepts personal responsibility for me. I further represent and agree that:

I am aware of the hazards and risks associated with overseas short-term mission team activities. Such risks may include, but are not limited to, injury, disease, terrorist attack, death, weather conditions and inadequate medical attention. Nevertheless, I volunteer my services to LifeLine Missions International despite the risks and hazards and I assume full responsibility to these or any other associated risks or hazards.

I declare that I am physically fit and have no medical conditions that would prevent me from performing the volunteer service for which I am applying.

I waive any and all rights for damages, which I may have against LifeLine Missions International, their staff, team leaders or other volunteers.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I (We) attest that I/we are the true and lawful parent(s) and/or legal guardian for the above applicant and therefore execute this document in that capacity giving authorization and agreement to the above listed terms. (Both parents/guardians are required to sign.)

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

State Of \_\_\_\_\_ County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_, before me

\_\_\_\_\_ a Notary Public in and for the said state,

personally appeared \_\_\_\_\_ and \_\_\_\_\_

known to me or proven to me to be the persons who executed the within agreement and acknowledged to me that they executed the same for the purposes stated therein.

Notary Public (seal)

Name \_\_\_\_\_

Printed Name \_\_\_\_\_

My commission expires \_\_\_\_\_