



**Mission to North America (MNA)/Presbyterian Church in America (PCA)  
All Presbyteries and Churches of the PCA  
VOLUNTEER WAIVER, Release and Indemnity Agreement**

I HEREBY acknowledge that I am willingly and voluntarily entering into a ministry venture with other volunteers, both skilled and unskilled, for the purpose of assisting people in a ministry context. I represent that I am acting in a strictly volunteer capacity and that I am paying my own expenses and providing my own insurance.

I understand and acknowledge that the work I will be involved in may at times be hazardous and I assume all risks associated with my involvement in this effort. I further acknowledge that accidents may occur on or around the work site and traveling to and from said site, involving motor vehicles, or tools and equipment. I understand that any motor vehicle in which I may be transported will be operated by licensed drivers, who may or may not be professional drivers.

I therefore waive, release, agree to indemnify and hold harmless Mission to North America (MNA), the Presbyterian Church in America (PCA), all presbyteries and churches of the PCA, their agents, employees, representatives, and volunteers with whom I may be working from any and all liability claims, injuries, damages, losses, expenses of attorneys fees, actions or causes of actions which I have or may hereafter discover as a result of my participation in this ministry effort. I further waive/release, indemnify and hold harmless all parties herein and above mentioned from any claim, action, cause of action for damages, injuries or losses of any kind which my heirs, administrators, executors or assigns may attempt to assert on my behalf.

I further release all parties above mentioned for any losses or damage to vehicles, tools or equipment, which I may own and have used in connection with this ministry site. I understand that I am expected to provide my own insurance in case of accident, illness or injury and that MNA, the PCA and all presbyteries and churches of the PCA, do not provide insurance for volunteers. If you need assistance with insurance options, please contact slanier@pcanet.org for some suggestions. Personal liability insurance is the responsibility of the volunteer. By my signature below I attest to the fact that I have adequate medical insurance for this trip. Further my signature below attests to the fact that I have completed the background screening with Data Facts as required by MNA Disaster Response.

I agree that I will not use my affiliation with MNA, the PCA, or any presbytery or church of the PCA to further my own 'for profit' business or business venture. I will further allow MNA, the PCA, PCA presbyteries and PCA churches where I volunteer to use any photos taken of myself and, if applicable, my team for future publications.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Volunteer worker's signature

\_\_\_\_\_  
Volunteer worker's printed name

**NOTARIZED SIGNATURE OF PARENT IS REQUIRED IF VOLUNTEER IS UNDER AGE 18**

\_\_\_\_\_  
Signature(s) of parent/guardian if volunteer is under age 18

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On this, the \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_, personally appeared before me \_\_\_\_\_.  
To me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

\_\_\_\_\_  
Notary Public

In and of the State of \_\_\_\_\_

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

**CONTACT INFORMATION:**

Volunteer's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

May we email you quarterly updates and disaster updates from MNA Disaster Response? Yes  No

**IN CASE OF EMERGENCY NOTIFY:**

Primary Contact: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

**INSURANCE & HEALTH INFORMATION:**

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group number: \_\_\_\_\_

Allergies, medical conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_