

# LIABILITY ACKNOWLEDGEMENT

## GSMF Worldwide, Inc.

I, \_\_\_\_\_, in consideration of my acceptance as a  
Team

(Team Member)

Member on a short-term mission trip sponsored by GSMF Worldwide, Inc. (God Set Me Free) to  
\_\_\_\_\_ represent that:

(Destination of Trip)

1. I am aware of the potential hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, injury or death by accident or intent, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, and criminal activity and acts. I choose to go on this trip with full awareness of these risks and I will rely upon my personal insurance coverage for anything the travel insurance does not cover. I accept these risks, recognizing that God Set Me Free would not be able to offer the opportunity for missions service without a lease such as this. With respect to GSMF Worldwide and its agents, officers, volunteers, directors, and employees, I voluntarily assume all risks of death, injury, illness or loss associated with such risks, and any damage to my personal property, and I release God Set Me Free and its agents, officers, directors, and employees from any liability that I may suffer or claims I may have as a result of participation in the missions project even if resulting from the negligence of GSMF Worldwide, its agents, officers, volunteers, directors, and employees. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)
2. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
3. I give permission to be photographed, and/or recorded, with video and/or sound, for promoting GSMF Worldwide Inc. and its activities, and/or for creating an audio or video product of the trip for sale.
4. I understand that travel insurance may or may not be provided for the trip in which I am participating, and it is my responsibility to determine if travel insurance is provided.
5. I expressly agree that this Liability Acknowledgement is intended to be as broad and as inclusive as permitted by law. I further state that I have carefully read the foregoing and understand its contents, and I voluntarily sign this Liability Acknowledgement as my own free act. I also understand that this is a legal document and I have the right to consult with an attorney before signing it.

Team

Member

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_. Sworn to and subscribed to me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

*Notary Public signature:* \_\_\_\_\_ *My commission expires:*  
\_\_\_\_\_