



APUFRAM
PO Box 10085
Russellville, AR 72812

Volunteer Group Member Release of Liability

Name: _____

Group Name: _____

Dates of Trip: _____ to _____

Release of Liability

In consideration of APUFRAM / APUFRAM International accepting this application for a mission trip, I, my heirs, assigns, executors and personal representatives and, for parents/guardians, on behalf of my child/ward, release, hold harmless, and discharge forever APUFRAM / APUFRAM International, their staffs, officers, directors, employees, volunteers, agents, sponsors, promoters and affiliates from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in an legal way to any action or omission to act of any such person or organization in connection with the sponsorship, organization and involvement in all activities, occurrences and consequences, to include health, sanitation and safety exposures, related to the mission trip. The mission trip includes all time related to preparation for the trip, travel to and from Honduras and the duration of the visit in Honduras.

Should emergency medical treatment be necessary and I am unable to act on my own behalf, or in the case of a parent/guardian, my child/ward and I are unable to act on their behalf, I authorize the delegated group leader or the person in charge at APUFRAM to approve appropriate medical treatment. I or my child/ward have no health-related reasons or conditions that could in any way preclude or restrict full participation in the mission trip.

I have read and understand all of the rules and policies of APUFRAM provided on the website at www.apufram.org and agree to abide by these policies and rules. It is the firm policy of APUFRAM that group leaders must have VIRTUS training and that no volunteer group member will be allowed to participate without the appropriate signature / release forms.

Signature: _____

Date: _____