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# AMAZON OUTREACH

## Waiver of Liability



TO WHOM IT MAY CONCERN:

FROM \_\_\_\_\_  
(Please type or print your name)

This is to certify that I, \_\_\_\_\_, recognize that some risks are inherent as a voluntary missionary both in travel and on the field of service. I recognize that all reasonable care for my health and protection will be taken by the agency sponsoring this volunteer mission program. I agree that in the event of any accident of illness, I will make no claim against Amazon Outreach, Inc. any individual thereof, or the sponsoring church or organization.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Notary Signed \_\_\_\_\_ Date \_\_\_\_\_