



CODE OF CONDUCT

Each team member needs to complete this form.

As a follower of the Lord Jesus, our conduct should be a witness to others of a transformed life. Paul wrote to Titus,

*And show your own self in all respects to be a pattern and **a model of good deeds and works**, teaching what is unadulterated, showing gravity (having the strictest regard for truth and purity of motive), with dignity and seriousness. And let your instruction be sound and fit and wise and wholesome, vigorous and irrefutable and above censure, so that the opponent may be put to shame, finding nothing discrediting or evil to say about us (Titus 2:7–8, Amplified Bible, emphasis added).*

As a U. S. MAPS team member, I realize the important role I serve as an example to those in the United States. I understand that I represent not only my local church, but also Assemblies of God U. S. Missions and most importantly, Jesus Christ. In respect to this assignment, I will refrain from anything (e.g., alcohol, tobacco, unwholesome speech) that may distract from my Christian testimony, cause division, or demonstrate disrespect to the church, missionary personnel, my team, or the Assemblies of God. I promise to forgo my personal convictions on these subjects in order to maintain unity and to avoid controversy in the body of Christ.

I affirm that I do not have any criminal convictions or allegations related to sexual misconduct with an adult or minor, nor do I know of any reason I should not be allowed to work with adults or minors as a short-term missions volunteer.

I have read and understand the above policy.

Name

Signature

Date

Sending church name



U.S. MISSIONS

ASSUMPTION OF RISK

Assemblies of God U.S. Missions

What an honor it is to have you apply for missionary service. We want to acquaint you with the philosophy and expectations of Assemblies of God U.S. Missions (AGUSM). We also want to give you the opportunity to fully evaluate the undeniable fact that times of extreme stress and crisis will come that could cause you to question whether or not you would have participated on this mission if you had known all the facts. It is impossible to predict, fully prepare you, or furnish you with all aspects of what you may face. We have, therefore, prepared some basic assumptions which we both must make. Please prayerfully consider the following assumption statement before signing and returning it to AGUSM. Your application cannot be processed without the proper signatures on this form.

I, _____, IN CONSIDERATION of my acceptance as U.S. Missions personnel, in cooperation with the Assemblies of God U.S. Missions, and other considerations the sufficiency of which is acknowledged, represent and agree that:

- 1. Status.** I am a volunteer and/or self-employed worker and acknowledge that I am not traveling as an employee of The General Council of the Assemblies of God.

I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my duties.
- 2. Risks of Travel.** I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such as hazards and risks including but not being limited to injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from destinations. I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23–28).

I also acknowledge that in working, living and traveling in cities, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which I am accustomed. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Assemblies of God U.S. Missions recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.
- 3. GENERAL RELEASE AND ASSUMPTION OF RISK:**

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY JOB DUTIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND ITS AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING

BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

4. Minor children. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described.
5. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
6. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.
7. I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to my job duties, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

Signature

Name

Witness signature*

Date witnessed

**witness cannot be spouse*

PARENTAL CONSENT AND AUTHORIZATION

For Minors under the Age of 18

Domestic Travel

Parents or legal guardians of minor children are required to complete this form and return to the team leader. If you have sole custody, provide a copy of the court decree to your team coordinator. The team leader will bring these documents (all pages) on the trip for verification. This form is NOT valid if completed by the child traveling. This form must be signed by both parents (as applicable) or the legal guardian and the temporary guardian (if applicable) in the presence of a notary. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Minor's Name ("Child"): _____ Date of Birth: _____

Street Address: _____ City, State, Zip: _____

Father's Name: _____ Father's Email: _____

Address is the same as Child's (skip to phone information)

Father's Address: _____ City, State, Zip: _____

Father's Phone Numbers – Home: _____ Work: _____ Cell: _____

Mother's Name: _____ Mother's Email: _____

Address is the same as Child's (skip to phone information)

Mother's Address: _____ City, State, Zip: _____

Mother's Phone Numbers – Home: _____ Work: _____ Cell: _____

Detailed Description of Activities:

TRANSPORTATION (AS OF THIS DATE), SUBJECT TO CHANGE:

ACTIVITIES INCLUDING BUT NOT LIMITED TO:

Dates and Locations of Activities:

Medical Information:

Family Doctor: _____ Doctor's Phone: _____
Insurance Company: _____ Policy Number: _____

Is your Child presently being treated for injury/sickness or taking any form of medication? If yes, explain.

Please list medications, foods or environmental conditions that Child is allergic to, and expected reactions.

Does your Child have any physical condition or illness that would prevent him or her from participating on this mission trip? No Yes (explain)

Does your Child have (or ever had) any medical condition that could require special attention?

Are there any activities that you would not want your Child to participate in? No Yes (explain)

I approve the following travel plans:

Dates of Travel: _____ Team Confirmation # (if applicable): _____

Destinations/ City and State _____

I authorize the team leader to make any changes to the travel plans specified above as circumstances dictate.

Sending Church: _____ Church Location: _____

Medical Treatment Authorization

I/We, the parent(s) and/or legal guardian(s) of Child, understand that we will be notified in the case of a medical emergency involving the Child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill. We authorize the temporary guardian or any leader on this trip to make emergency medical care decisions on behalf of our Child, if required by law or a health care provider.

I/We, the parent(s) and/or legal guardian(s) of Child, understand that The General Council of the Assemblies of God and its affiliated ministries, and/or any Assemblies of God church and/or District Council, and/or any Assemblies of God school, college or university (collectively "GC") and/or any of their officers, directors, employees, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis of this authorization, and we hereby agree to hold harmless, defend and indemnify "GC", its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions,

liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the provision of medical services for our Child. It is our express intention to defend, indemnify and hold harmless "GC" from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of our Child.

I/We agree to notify "GC" in the event of any health changes which would restrict the Child's participation in this mission trip. We also understand that any "GC" representative reserves the right to restrict the Child from any activity for any reason.

Policy Requirements for Minors

Guidelines for minors have been established by The General Council of the Assemblies of God and are taken from U.S. Child labor laws, U.S. Department of State International Travel Guidelines, and IRS criteria for volunteer labor and travel expenses. Our desire is to give everyone an opportunity to serve on a team trip. We do not intend to stifle any persons from being in a position for God to speak to their hearts regarding future involvement in missions. Minors under age 18 are allowed to travel without a parent or legal guardian, but they must have a signed Parental Consent and Authorization form and travel insurance coverage through Mission Assure. The team leader will assign one or more adults to supervise the Child at all times for the duration of the trip.

Consent, Certification, and Assumption of Risk

IN CONSIDERATION of our Child being accepted for this mission trip, I/We, the undersigned, being the parent(s) or legal guardian(s) of the Child named above do hereby consent to the Child's participation on a team outreach sponsored by GC to the destination noted above, including, but not limited to, all of the activities customarily associated with a GC trip unless noted above.

1. Status. I/We hereby certify that the Child is physically fit and adequately trained to participate in a mission trip. I/We further certify that the Child has followed and is following all procedures (vaccinations, immunizations, shots, serums, medications, etc.) recommended by our family doctor.
2. Risks of travel. I/We am/are aware of the hazards and risks to the Child's person and property associated with serving in a missions capacity; such hazards and risks including but not being limited to: injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from destinations. I recognize that the Chile may be subjected to potential risks, illnesses, injuries, and even death. I/We have made investigation of these risks, understand these risks, and assume them on behalf of the Child knowingly and willingly. I/We further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

I/We also acknowledge that in working, living and traveling in cities, the Child may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which he or she is accustomed. I/We acknowledge that it is my/our responsibility to take every precaution to ensure that the Child knows the required measures needed to safeguard his/her health and to protect his/her personal belongings from damage or theft. I/We acknowledge that GC recommends that the never travel alone, particularly at night. Being alone, especially at night, may present additional danger to the Child's safety and well-being.

I understand and agree that if, during the Child's participation in the above-described activities, GC learns that he/she is experiencing serious health problems, has suffered an injury, or is otherwise in a situation that raises significant health and safety concerns, then GC may contact the person whose name is provided as "emergency contact."

3. I/We understand that while the above-named Child participates on a team trip, he or she is responsible to comply with all orders and directives of the team leader and/or the Assemblies of God missionary in charge.

4. **GENERAL RELEASE AND ASSUMPTION OF RISK:**

KNOWING THE RISKS DESCRIBED ABOVE, WE AGREE, ON BEHALF OF OURSELVES AND OUR CHILD, FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING OUR CHILD'S PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND ITS AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH OUR CHILD MAY SUFFER, OR FOR WHICH OUR CHILD MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO OUR CHILD'S PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON OUR CHILD'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

5. I/We expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me/us enforceable against me/us in accordance with its terms.

6. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.

7. I/We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I/We further state that I/WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I/WE VOLUNTARILY SIGN THIS AGREEMENT AS MY/OUR OWN FREE ACT.

Photograph & Video Release Form

I/We hereby grant GC permission to the rights of the Child's image, likeness, and sound of their voice as recorded on audio or video tape without payment or any other consideration. I/We understand that the Child's image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein the Child's likeness appears. Additionally, I/we waive any right to royalties or other compensation arising or related to the use of the Child's image or recording.

I agree that GC may use such images of the Child with or without Child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I/We acknowledge that I/we have completely read and fully understand the above release and agree to be bound thereby. I/we hereby release, defend, hold harmless and indemnify GC from any and all claims for utilizing this material.

Insurance Election

I/We am/are aware of the hazards and risks to the Child associated with serving in a mission's capacity. I/We further understand that GC currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I/we am/are responsible for obtaining any additional insurance coverages that I/we consider necessary.



Travel Insurance Program
Insured by **CHUBB**



	Domestic U.S. Missions	Foreign Missions
Administered by	AG Financial Insurance	AG Financial Insurance
Accidental Death & Dismemberment	\$100,000	\$100,000
Accident Permanent Total Disability	\$100,000 after 365 waiting period	\$100,000 after 365 waiting period
Accident Medical Expense Benefit	\$50,000 benefit, \$0 deductible	N/A
Emergency Medical Expense Benefit (Guarantee of payment)	\$10,000	\$10,000
Out of Country Medical Expense Benefit (Injury & Sickness)	N/A	\$100,000 benefit, \$0 deductible
Emergency Medical Evacuation	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses
Repatriation of Mortal Remains	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses
Family Coordination / Emergency Medical Reunion	None	100% of covered expenses
Security Evacuation, including natural disaster evacuation	None	\$100,000
Foreign General Liability/Auto Liability	None	\$2,000,000 per occurrence/ \$5,000,000 aggregate \$2,000,000 Contingent Auto
Pre-existing Conditions	Treated as any other medical condition	Treated as any other medical condition
War Coverage (AD&D, Medical & Evac)	None	Worldwide

Mission Assure™ Travel Insurance Program is for AG short term mission trips no longer than 365 days.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms and conditions may be different if required by state law.

Temporary Guardianship

A temporary guardianship is required if neither parent is traveling with their Child. The temporary guardian must be 21 years old and must sign this form in the presence of a notary public.

I/We the parent(s) or legal guardian(s) of the Child listed above do hereby grant temporary guardianship of Child to _____ as temporary guardian, for the dates and travel plans listed above. This Temporary Guardianship agreement will serve as a legal and binding document that will allow the Child to obtain medical treatment and to make any decisions regarding the needs of the Child for this period.

I/We understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

We attest to the truthfulness, accuracy, and validity of the foregoing statements.

Minor's Name: _____

Father's/Legal Guardian's Signature

Date

Mother's/Legal Guardian's Signature

Date

Temporary Guardian's Signature (if applicable)

Date

Certificate of Acknowledgement of Notary Public

STATE OF _____

COUNTY OF _____

Acknowledged before me on _____

(date)

By _____

(parental/legal guardian)

And _____

(parent/legal guardian)

And _____

(temporary guardian if applicable)

Signature of Notarial Officer

Notary Public for the State of _____

My commission expires: _____



ACE American Insurance Company
Philadelphia, PA 19106

BENEFICIARY DESIGNATION/CHANGE FORM

The insurance company automatically designates beneficiaries to the first surviving class of the following class of persons: your spouse; your child or children; your mother or father; your sisters or brothers; and finally, your estate. If you wish to designate your beneficiaries differently than this sequence, you must complete this form and return it to the Policy Holder.

Policy Information	
Policy Number:	Policy Effective Date:

Insured Information			
Insured Name:	Social Security No.:	Home Phone Number:	Work Phone Number:
Address:			

Primary Beneficiary Information			
List your beneficiary(ies) and the percentage payable to each. If no percentage is indicated, the beneficiaries will share the benefit equally.			
Name	Social Security No.	Relationship	Percentage
			Total:

Contingent Beneficiary Information			
A contingent beneficiary will only receive a benefit if all primary beneficiaries are deceased. The contingent beneficiary for all benefit plans is your estate unless you choose another beneficiary. If you choose a contingent beneficiary other than your estate, list this beneficiary(ies) and the percentage payable to each below. If no percentage is indicated, the beneficiaries will share the benefit equally.			
Name	Social Security No.	Relationship	Percentage
			Total:

Insured's Signature: _____

Date: _____