



Global Health Ministries  
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## Waiver of Liability: (Adult/Youth)

Name of Volunteer: \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_

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

### Waiver of Liability:

I understand that during participation in the activities at the Global Health Ministries, that the Global Health Ministries staff, volunteers, and affiliates will do everything they can to keep me safe, however accidents do happen. In case of an accident I will not hold Global Health Ministries its staff, volunteers, and its affiliates responsible for any harm that might come to me. I understand if something should happen to me that the staff and volunteers will use their best judgment in responding. I understand that these responses might include calling for emergency medical services, emergency medical treatment, going to the emergency room or going to the doctor's office. I understand that I am responsible to pay for any expenses associated with these treatments. I give my permission for Global Health Ministries staff, volunteers and affiliates to use whatever means necessary to treat me in case of an emergency.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

If the volunteer is under 18, this form must be signed by a guardian.

GUARDIANS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_