

RELEASE FROM LIABILITY TO:

Far Reaching Ministries, Inc
www.frmusa.org

I, _____, as a voluntary missionary, on behalf of myself, my spouse, my parents, relatives and other family members, including but not limited to heirs, executors, administrators, successors and assigns, do hereby release FAR REACHING MINISTRIES, INC., its individual officers, directors, representatives, employees, agents, insurers, affiliates, successors and assigns from any and all liability or responsibility for injury to me of any kind whatsoever, including but not limited to, any actions taken on my behalf pursuant to the attached ASSIGNMENT OF AUTHORITY LIMITED DURABLE POWER OF ATTORNEY (incorporated herein by referenced), acts of God, Force Majeure, death, serious bodily injury, physical or mental torture, hazardous disease(s), starvation, injuries sustained and circumstances suffered in war zones, terrorism, emotional distress of any nature, including post traumatic syndrome, along with any property damage or other economic loss(es) that I will or may sustain on the missionary trip with FAR REACHING MINISTRIES, INC. to any continent around the world, including the continent of Africa.

I acknowledge that overseas travel and overseas conditions may be extremely dangerous and I agree to assume all risks inherent therein, including but not limited to risk of death, detention, and/or incarceration by the authorities of the country of countries that are traveled, torture, slavery, bodily injury, emotional distress, exposure to war conditions, terrorism, hazardous disease, acts of God or Force Majeure.

I hereby agree to hold harmless and covenant not to bring any claim, action, or lawsuit against FAR REACHING MINISTRIES, INC., its individual officers, directors, representatives, employees, agents, insurers, affiliates, successors and assigns, for any and all potential or actual injury or loss sustained as described herein.

I also acknowledge that travel schedules, accommodations, dates and itineraries are beyond the control of FAR REACHING MINISTRIES, INC. and are therefore subject to change without notice. I hereby relieve FAR REACHING MINISTRIES, INC., its individual officers, directors, representatives, employees, agents, insurers, affiliates, successors and assigns, from any claim or responsibility for any loss, injury, or inconvenience that I may sustain.

If any provision of this release in found to be unenforceable, void, or unlawful for any reason, that provision will be deemed severed from this Release, and the remaining provisions of this Release will remain in full force and effect.

(Please be sure to sign in the presence of notary).

PRINT NAME OF VOLUNTEER

SIGNATURE OF VOLUNTEER

PRINT NAME OF SPOUSE, PARENT,
OR GUARDIAN

SIGNATURE OF SPOUSE, PARENT,
OR GUARDIAN

DATE

Assignment of Authority

Limited Durable Power of Attorney

I, _____ HEREBY STATE AND DECLARE:

1. I reside at _____
My Date of Birth is _____
My Passport Number is _____
2. I have willfully and voluntarily decided to undertake a missions project which includes travel to various continents of the world with FAR REACHING MINISTRIES, INC. on or about _____ to _____
3. I have been well informed that there are many high risks and great dangers associated with this missionary venture but not limited to those listed in the attached **RELEASE FROM LIABILITY TO FAR REACHING MINISTRIES INC.** (Attached hereto and incorporated by reference). However, I have decided to participate in the project with full knowledge and understanding of the risks and dangers described to me, as well as the understanding that there may be other risks and dangers not presently known or foreseen, which therefore cannot be disclosed to me.
4. I understand that these risks and dangers may include, but are in no way limited to my death, being captured and/or taken hostage, being arrested or detained (lawfully or otherwise) by governmental authorities in any given country, and my disappearance under circumstances where my condition, location and/or fate are simply unknown.
5. In the event that any of these situations mentioned in paragraph 4 herein occur, it is my desire and intention that FAR REACHING MINISTRIES INC. through its agents, representatives, officers, directors, employees, assumes full and unlimited authority to make discretionary decisions based on policy mandates and/or restraints relative to myself and the situation I am involved in at that time and may have to balance my personal interests against those of other persons and/or the ministry objectives when rendering such decisions. I agree to and covenant to abide by any such decisions made on my behalf in this regard and hereby agree to hold harmless and refuse to make any claim, take any action or file any lawsuit which is in any way related to those discretionary decisions made on my behalf.
 - A) The “full and unlimited authority” that I hereby grant to FAR REACHING MINISTRIES, INC. to conduct through its agents, representatives, officers, directors and employees, includes, but is not limited to the following actions:
 - B) To seek information on my condition and location;
 - C) Conducting any and all negotiations necessary to secure my release;
 - D) To communicate with and represent my interests to governments, agencies, organizations, institutions, and individuals;
 - E) To issue statements to the public and news media regarding myself;
 - F) To take any other actions deemed necessary or appropriate by FAR REACHING MINISTRIES, INC. to manage, relieve, or resolve the situation in which I am involved

6. In granting “full and unlimited authority” to FAR REACHING MINISTRIES, INC., I intend for and appoint FAR REACHING MINISTRIES, INC. through its agents, representatives, officers, directors, employees, etc. to act as my ATTORNEY-IN-FACT to act in my name, place and stead in any and every way which I myself could so act if I were present as described herein.

7. This Assignment of Authority and Limited Durable Power of Attorney shall not be affected by my subsequent disability, incapacity or incompetence.

8. I have requested my next-of-kin (parent and/or spouse) to execute this document to demonstrate their acknowledgement and agreement with my desires and intentions described herein.

9. This Assignment of Authority and Limited Durable Power of Attorney does not however, authorize any one to do the following:
 - A) Gain access to any of my financial assets, to spend any of my money, to incur any indebtedness on my behalf, to encumber any of my property, or to otherwise take any action regarding any financial asset or real or personal property.
 - B) Make any medical or health care decisions for me.
 - C) Make any decisions regarding care, supervision, or custody of any children of mine.

WHEREFORE, I HEREBY EXECUTE THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE AND UNDERSTANDING OF ITS CONTENTS, THIS DAY THE

_____ DAY OF _____, _____ AT _____
DAY MONTH YEAR

CITY

STATE

DECLARANT SIGNATURE

PRINT NAME and DATE

DECLARANT’S SPOUSE, PARENT, OR NEXT-OF-KIN

PRINT NAME and DATE

(Please be sure to sign in the presence of notary).