

## Insurance Waiver

Whereas, I have voluntarily requested approval from Global Missions of the United Pentecostal Church International to serve the church outside of the territorial limits of the United States of America, and

Whereas, my request is made with the understanding that in the event of the issuance of such approval the United Pentecostal Church International shall not be expected or required to furnish my life, health or accident insurance for the benefit of me, my heirs or my estate during, in connection with or as a result of any service which I might render in behalf of said church, and whereas, I understand that any such foreign service in behalf of the church might disqualify me from receiving certain medical insurance benefits to which I might otherwise be entitled under the laws of the United States or any state thereof, and

Whereas, Global Missions has expressed a desire that I should confirm my understanding of the foregoing premises as a condition to its approval of me for any such foreign service.

Now, therefore, in consideration of the premises, I hereby agree that in the event Global Missions of the United Pentecostal Church International shall approve me for service in behalf of said church outside of the territorial limits of the United States of America, the said church shall not be liable to me for any loss, damage or injury suffered by me, either directly or indirectly, in connection with, arising out of, incident to or as a result of my service in behalf of said church, and I hereby waive any right, claim, demand or cause of action against the said United Pentecostal Church International by reason of any injury, loss, damage, expense, cost, judgment, attorneys' fees and other costs incurred or suffered by me in connection with, arising out of, incident to as a result of my service in behalf of said church. This Waiver is and shall be binding upon me, my legal representatives and the legal representatives of my estate, my heirs and assigns.

In witness whereof, I have signed this Insurance Waiver in the county/parish of \_\_\_\_\_, State/Province of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

Witness:  
\_\_\_\_\_  
Signature

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*Please complete two of these forms and submit one of them with your completed AIM application. You may retain the other copy for your own records.*

# Copy

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