INTERLINK MINISTRIES, INC.

PO Box 460, Apple Creek, OH 44606 | Phone (330) 698-5465 | interlinkfamily@aol.com | www.interlinkministries.org

Health Insurance Waiver

WAIVER AND ASSUMPTION OF RISK

I, ______________________________________, hereby fully waive and release, Interlink Ministries, Inc.
Member (printed or typed)
of PO Box 460, Apple Creek, OH 44606, from any and all claims of emotional and personal injury, property damage, or even death that may result from the activities associated with this ministry:

I hereby acknowledge and understand that I have been made aware of the potential need I or my family may have for emotional or medical health care coverage in the United States or Internationally. I am aware that by not having this coverage I may also put my ministry at risk due to lack of financial resources for continuation.

By signing this Waiver and Assumption of Risk, I have been made aware of the emotional, physical and financial dangers and risks associated with not having medical health coverage. I further agree to indemnify and hold harmless Interlink Ministries, Inc., its employees, agents, and officers, from and against any and all liability incurred as a result of or in any manner related to mine or my family's participation in the activities of this ministry.

I hereby certify that I am of legal age and competent to execute this Waiver and Assumption of Risk, that in doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, my executor, my heirs, and administrators or assigns to the fullest extent.

I have read and understood the foregoing, and acknowledge my consent to the terms of this Waiver & Assumption of Risk by signing this Waiver.

Name ____ Dated ______/______/_____
Member (printed or typed)

Address ____

City ______________________________________ State ______________ Zip _____________

Telephone (_____)___________________ E-mail ____

Signature ____
Member

Witness Signature ____ Dated ______/______/_____