LIABILITY RELEASE

For All Missionaries and All Volunteer Workers

I understand that participation in the activities of Sport X Change, Int'l, as a short-term missionary and volunteer worker is a privilege. I acknowledge that such participation may expose me and my family to a number of hazards, whether physical, emotional or medical, as a result of our participation. I further understand that transportation or medical facilities may be primitive or inadequate in the location where I am serving. In consideration of this privilege, I and any minor members of my family accept these hazards voluntarily and agree to release Sport X Change and the company I'm employed, its directors, officers, members, employees, agents, representatives, successors and assigns from any claim that I or members of my family may have against them as a result of injury or sickness incurred during our service or any travel related thereto.

I understand that Sport X Change will use its best efforts to avoid placing its missionaries and volunteer workers at unnecessary risk, and will endeavor to safeguard the health and safety of all persons associated with said Sport X Change, However, I recognize that such efforts may not eliminate all risks or hazards that my family or I may encounter. To further minimize risks, I will avoid alcoholic beverages, marijuana and narcotic drugs throughout the trip. I represent to you that I disclosed and discussed these statements of risk and release of liability with my family members.

This Release of Liability shall be governed by the laws of the State of Florida, California and the United States of America.

_____ _____

Participant's signature Date

_____ _____

Participant's name (please print) If participant is a minor... parent/guardian signature required

I hereby certify, that on this day the above participant and/or parent/guardian personally appeared before me, and being personally known and/or identified, acknowledged before me that he/she executed the same freely and voluntarily for the purpose therein expressed.

Witness my hand and seal at _____ County of _____

State of _____, this ____ day of _____, 20___.

Notary Public, State of _____ _____

Signature

My commission expires: _____ _____

Name (please print)