



# SPOUSE RELEASE OF LIABILITY

(FOR AN UNASSIGNED SPOUSE)  
 ADVENTIST VOLUNTEER SERVICE  
[www.adventistvolunteers.org](http://www.adventistvolunteers.org)

**To be completed by an unassigned Spouse accompanying a Volunteer serving with the Adventist Volunteer Service.**

\_\_\_\_\_ (“SPOUSE/DEPENDENT”) has agreed to accompany a qualifying Volunteer who has accepted a temporary volunteer service assignment to the \_\_\_\_\_ (calling) Division of the General Conference of Seventh-day Adventists (“DIVISION”), a nonprofit, religious organization. This Release of Liability reflects the DIVISION’S commitment to provide certain insurance coverage for SPOUSE/DEPENDENT in exchange for SPOUSE/DEPENDENT’S release of liability as stated herein.

1. The DIVISION will provide SPOUSE/DEPENDENT with insurance coverage to include accident and sickness protection, personal effects and property insurance (personal effects floater). The requesting organization shall be responsible for paying for the insurance premiums to be arranged by the home division of the Volunteer, prior to departure.

The liability of the DIVISION, the General Conference of Seventh-day Adventists, the General Conference Corporation of Seventh-day Adventists, or any of their officers, directors, trustees, employees, members, agents, conferences/missions/fields, subsidiaries or affiliated institutions (collectively, the “SEVENTH-DAY ADVENTIST CHURCH”) shall be limited to insurance premiums, deductibles, and co-payments for the above insurance coverage.

The undersigned SPOUSE/DEPENDENT verifies he/she is legally an adult in his/her jurisdiction of residence\* and hereby signs this Release of Liability absolving the SEVENTH-DAY ADVENTIST CHURCH from any liability arising out of any loss, injury, illness, disability, damage, or death sustained by SPOUSE/DEPENDENT while accompanying the Volunteer.

2. In consideration of the DIVISION procuring the insurance coverage described above, SPOUSE/DEPENDENT agrees that the provision of such insurance coverage and the payment of benefits from the insurance coverage shall be accepted by the SPOUSE/DEPENDENT or SPOUSE/DEPENDENT’S estate as payment in full and satisfaction for all claims of any kind from illness, accident, wrongful death, and/or any other personal injury or property damage or loss claim of any kind related or unrelated to the SPOUSE/DEPENDENT’S presence with the Volunteer. If said insurance is not procured, liability of the SEVENTH-DAY ADVENTIST CHURCH shall be limited to the equivalent amounts of insurance benefits which would have otherwise been paid had said insurance been obtained.

SPOUSE/DEPENDENT disclaims entitlement to any other payments or damages except as expressly stated in this Section 2, and that other than the payments described herein, SPOUSE/DEPENDENT agrees to hold the SEVENTH-DAY ADVENTIST CHURCH harmless from any further liability, claims of damages or any other legal or equitable action by SPOUSE/DEPENDENT or SPOUSE/DEPENDENT’S estate, heirs, devisees or assigns.

***\*If SPOUSE is a minor in his/her place of residence, this Agreement must be signed by a parent or legal guardian.***

Signature	Date	Signature of Parent/Guardian of Dependent*
Signature/Division Volunteer Coordinator	Date	Spouse/Dependent Volunteer’s Home Division



When completed, return to Applicant’s Home Division Volunteer Coordinator: