

**Volunteers In Mission
New York Annual Conference
Medical and Liability Release Form**

I _____ authorize _____
(UMVIM participant) (another adult on trip)

If I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the trip identified below.

UMVIM Project: _____ Dates _____
Home Physician _____ Phone () _____
Medical Insurance Provider _____ Phone () _____
Policy Number _____ Group Number _____
Allergies _____
Medications _____

Person In USA to contact in the event of an Emergency:

Name _____ Relationship _____
Address _____ Phone () _____

Blood Type _____ Do you have? **Diabetes** ___ Yes ___ No **Seizures** ___ Yes ___ No

Physical Limitation _____

Other Medical Information _____

Liability Release

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Church, The UMVIM Board of the _____ Jurisdiction of the United Methodist Church, the _____ Annual Conference, and any related agency, conference, district, local church, member, employee or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the above named UMVIM Project. The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following: Dangers resulting from disease; from civil warfare or insurrection of the kind that we have seen in recent years in Somalia, Bosnia, Liberia; from post-warfare hazards such as landmines; from geographic features such as high altitude, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced. This release covers all rights and actions of every kind, nature and description, which the undersigned ever had, now has or but for this release, may have. This release binds the undersigned and his/her heirs, representatives and assignees.

Participant's Signature _____

Notarization of Liability, Medical, and Information Release Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public, _____ Parish or County _____
State of _____ My Commission Expires _____