

**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 \_\_\_\_\_