

**New York Annual Conference, The United Methodist Church  
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**

I, \_\_\_\_\_, acknowledge and state the following; I have chosen to travel to the work site to perform cleanup/ construction work in disaster response

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting, and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting, and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold NYAC/Dister Response Ministry together with their officers, agents, servants, and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their own negligence.

Participant's Signature \_\_\_\_\_