



Louisiana Volunteers in Mission

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## Waiver of Liability, Indemnification, and Medical Release

I, \_\_\_\_\_, grant my authorization and consent for \_\_\_\_\_,  
(UMVIM participant) (Supervising Adult)

if I am unable to do, to consent to any necessary examination, anesthetic, blood transfusion, medication, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician, surgeon, dentist, anesthesiologist, hospital, or other medical professional or institution duly licensed to practice in the state, country, sovereign state, or jurisdiction, foreign or domestic, in which he/she practices and in which such treatment is to occur, during the duration of the trip identified below.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

UMVIM Project \_\_\_\_\_ Dates \_\_\_\_\_

UMVIM Participant's Relationship to Supervising Adult \_\_\_\_\_

Home Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Blood Type \_\_\_\_\_ Do you have? Diabetes \_\_\_\_\_ Yes \_\_\_\_\_ No Seizures \_\_\_\_\_ Yes \_\_\_\_\_ No

Physical Limitation \_\_\_\_\_

Other Medical Information \_\_\_\_\_

### **Person in USA to contact in the event of an Emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### **Acknowledgment and Assumption of Risk**

I am aware of the dangers and the risks to my person and property involved in participating in this project. 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 conditions 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.

I understand that this activity involves certain risks for physical injury. I also understand that there are potential risks of which I may not presently be aware. Because of the dangers of participating in this activity, I recognize the importance and agree to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity.

I understand that Global Ministries of the United Methodist Church, The UMVIM Board of the \_\_\_\_\_ Jurisdiction of the United Methodist Church, United Methodist Volunteers In Mission, the Annual Conference, and any related agency, conference, district, local church, and their respective agents, underwriters, insurers, employees, directors, stockholders, officers, and all predecessors, parent, successor, and/or affiliated corporations, partnerships, or joint venture interests, and any other related persons or entities related thereto, as well as all other participants and sponsors of said mission trip, acting officially or otherwise (Released Parties) do not insure participants in the above-described activity, that any coverage would be through personal insurance, and the Released Parties have no responsibility or liability for injury resulting from this activity.

**I voluntarily elect to participate in this activity with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.**



**Waiver of Liability**

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

- A. Waive, release, and discharge the Released Parties from any and all liability for my death, disability, personal injury, property damages, property theft or claims of any kind or nature whatsoever, whether direct, contingent or consequential, known or unknown, regardless as to whether said claims are based upon the sole, gross, or concurrent negligence, strict liability, or fault of the Released Parties, which I ever had or hereafter accrues to me, and my estate arising from, related to, or asserted, in whole or in part, out of or in connection with my participation in the above referenced trip; and
- B. Indemnify and hold harmless the Released Parties from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

**Choice of Law**

This agreement shall in all respects be governed by, enforced by, and construed and interpreted in accordance with, the Laws of the State of Louisiana without giving effect to any conflicts of law principles of such state that might refer the governance, enforcement, construction or interpretation of this agreement to the laws of any another jurisdiction, whether domestic or foreign.

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

Date \_\_\_\_\_

**Notarization of Waiver of Liability, Indemnification, and Medical Release**

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared 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 \_\_\_\_\_