



Louisiana Volunteers in Mission

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Parental Consent Form

The consent must have signatures of both parents (even if divorced or separated) when the youth is traveling outside the US. If one parent accompanies the youth, the other parent must sign this form. If one parent is deceased, attach a death certificate.

We, _____, the parents/guardians of _____
Parents or guardians _____ Child's name _____
give our child, a minor residing at _____ (address), permission to accompany
a United Methodist Volunteers In Mission team to _____ (location) and participate as a member of
the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk, and responsibility.
We have been advised and understand that the group may be exposed to unusual risks and/or hazards. Those risks and/or hazards
may involve, among other things, the following:

Dangers resulting from disease; from civil insurrection or warfare 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 attitudes, 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.

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

We further expressly authorize and consent to any examination, anesthetic, blood transfusion, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision and on the advice of any physician, anesthesiologist, surgeon, dentist, 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, for our child, should the same become necessary because of illness or injury during the duration of the trip.

We specifically authorize a physician or other appropriate medical professional to treat our child's _____
(Name of ailment)
by performing _____ and by prescribing _____
(Name of procedure) (Name of prescription)
and providing such prescription to our child for treatment.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, and our heirs, executors, and administrators, assume all risks and/or hazards incidental to our child's participation in the trip, and do hereby waive, release, and forever discharge the team leaders(s) _____, 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), from any and all liability for our child's 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 our child ever had or hereafter accrues, and our child's estate arising from, related to, or asserted, in whole or in part, out of or in connection with our child's participation in the above referenced trip, including all ground and flight travel incident to such trip.

We further 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 our child's actions during this activity or event.

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leader(s) _____ to act in loco parentis for the duration of the mission trip, and to waive and forego all rights of action by ourselves and our child against the Released Parties.

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

We, the undersigned parents/guardians, affirm that we are freely signing this Form. We have read this form and fully understand that by signing this form we are giving up legal rights and/or remedies which may otherwise be available regarding any losses our child may sustain as a result of his/her participation. We agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

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.

Parent/guardian

Parent/guardian

Address

Address

Date

Date

.....
Notarization of Parental Consent Form

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 _____