

Parent's Printed Name

United Methodist Volunteers in Mission Southeastern Jurisdiction 100 Centerview Drive, Suite 210 Birmingham, AL 35216

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## USA MISSIONER PROFILE AND RELEASE OF CLAIM

This form is for teams traveling to projects inside the USA Each team member must complete this form.

(Must have signatures of both parents. If one parent is deceased, attach a death certificate) Nicke of tainey blapge to Team Leader. UMPNOJE dollan 1907 need at a wyly is significant. \_Legal Name\_\_<del>, the parents/guardians of \_</del> Project Location Philadelphia, MS Parent or Guardian name of youth Address Cell நடிகுமு. We acknowledge that we are allow புதவுக் நடிக்க participate entirely upon our own ini நடிக்கு and responsibility. Male Female Beneficiary (Spouse, mom, dad, child, etc.)

We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or Emergency Gontager the general or specific supervision, and on the Reviet On Shilleto Yoll hysician, surgeon, anesthesiologist, Contact is Phone Muntilized medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

The following guidelines are recommended by the UMVIM, SEJ Board of Directors for all missioners, both team membara and and industrial industrial manufactures are the control of the control noitemblencomment entre of the opportunity to participate in the project described above as a volunteer, and the consideration of other obligations incurfed by the thissiunited Methadish, blease review the following agree Menion its affir the low moors, as well as all other participants and sponsors of caid mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action agree to straight in an appropriate Units tian manner. of any kind including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip as well as all ground and flight travel incident to such trip. assignments, food, louging, transportation, and to stay with the team the duration of the trip. I agree to abstain from offensive habits while on the mission. (The use of alcohol and tobacco is unacceptable for Christians in many cultures). , to act in loco parentis for the duration of the mission feader(s), to act in loco parentis for the duration of the mission. Further, I herby release and discharge the mission organizations, which assisted in these arrangements, their trip; and to waive and forego all right of action of ourselves and our child against the parties herein before named. agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have or claim to have, against the mission organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to personal property, real or personal, caused by, or arising out of, the above described mission service. I intend to be legally bound by this statement. Notaero Public nowledge that by engaging in this mission 1/20 Amasdiajecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as healthy hazards due to poor food and water, diseases, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working after nadequate medical facilities, etc. I agree to comply with my annual conference Safe Sanctuary policy. For further guidelines go to: www.umvim.org The validity, construction and interpretation of this Missioner Profile and Release of Claim form shall be governed by and construed in accordance with the domestic laws of the state of Georgia, in which the UMVIM, SEJ office was incorporated and our insurer Strate Colf A Agency, Inc. is located. In witness whereof, I have executed this agreement and this feleastian: (City and State) Date: Country of \_\_\_\_\_ Signature: If under the age of 18: Parent's Signature\_\_\_\_\_