



Central Texas Conference of the UMC
464 Bailey Avenue | Ft. Worth, TX 76107
817-877-5222 | 817-338-4541 (fax)
www.ctcumc.org

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 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 _____



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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 South Central Jurisdiction of the United Methodist Church, the Central Texas 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.

I have read and understand the above statements regarding my participation in an UMVIM project.

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 _____ (name), whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Notary Public, State of Texas

My Commission Expires

***Notary Seal Required**