The Florida Conference Of The United Methodist Church

UNITED METHODIST VOLUNTEERS IN MISSION
The Florida Conference of The United Methodist Church
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MEDICAL AUTHORIZATION AND RELEASE OF CLAIMS

First name _____ Middle _____ Last _____

Local church _____

Project location (city/town and country) _____

Date of Departure (mm/dd/yy) _____ Date of return _____ Total # days _____

I, _____ authorize _____, if I am unable to do so, to consent to any medical examination, anesthetic, surgery, or treatment and/or hospital and clinic care rendered to me on the advice of any physician, surgeon or nurse, during the duration of the trip identified above. Additionally, I give my permission to a physician, surgeon, or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

Further, in consideration of the opportunity to participate as a volunteer in the project described above, please review the following agreement and sign below:

- I hereby acknowledge, understand and voluntarily agree that participation in this mission project involves risks and dangers, to include the risk of serious bodily injury or death. These risks and dangers may be caused by the negligence of the participant or the negligence of others.
- I further acknowledge that by engaging in this mission project I am voluntarily subjecting myself to certain risks which I may not normally face in my personal and business life, including but not limited to such things as hazards due to poor food and water, disease, pests, and poor sanitation; potential danger from lack of control over local populations, potential injury while working; and inadequate medical facilities, etc.
- By participating in such activities, I knowingly and expressly assume all the risk, consequences and liability related to these activities.
- I hereby release, forever discharge and hold harmless the (church name) _____ United Methodist Church, Florida Annual Conference of the United Methodist Church, it's officers and directors, employees, agents and volunteers from all actions, causes of action, injuries, claims, negligence, costs or expenses, arising out of or related to participation in this mission trip.

In witness whereof, I have executed this MEDICAL AUTHORIZATION and RELEASE OF CLAIMS this

Date (mm/dd/yy) _____ Signature _____

Signature of volunteer or parent if volunteer is a minor.

STATE OF FLORIDA COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20___, by:

_____