



West Ohio Conference

Volunteers in Mission: Liability Release

Regarding UMVIM Mission Journey to _____

Led by Team Leader(s) _____ from ____ / ____ / ____ to ____ / ____ / ____



The undersigned releases and agrees to hold harmless the General Board of Global Ministries of The United Methodist Church, the West Ohio Conference of The United Methodist Church its employees and servant leaders, 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 Mission Journey. The undersigned has been advised and understands that the project may involve unusual risks to participants. These risks may include: dangers resulting from disease; from civil warfare or insurrection; from post-warfare hazards such as landmines; from geographic features such as high altitude; 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. The participant voluntarily assumes such risks. 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.

When completed, please return to Team Leader

A copy of this form will be left with the local church or conference office in the event of an emergency.

Signature of Participant

Date: ____ / ____ / ____

Signature of Parent/Legal Guardian

Date: ____ / ____ / ____

Signature of Parent/Legal Guardian

Date: ____ / ____ / ____

Notarization of Liability Release Form

STATE OF _____ PARISH OR COUNTY OF _____

On this ____ day of _____, _____ before me personally appeared _____

to me known to be the same person described in and who executed the 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 ____ / ____ / ____