



West Ohio Conference

Volunteers in Mission:

Trip Cancellation Insurance Declination

As a member of the UMVIM mission journey to _____

from ____ / ____ / ____ to ____ / ____ / ____, I certify that:

- I have been made aware that there are significant risks associated with any mission journey.
- I fully understand that there are cancellation penalties involved with my mission journey. These may include a penalty of up to 100%, which means no refund at all.
- Penalties apply no matter what the reason for cancellation. These may include, but are not limited to:
 - Accident or illness to me, a family member or traveling companion, requiring me to stay home.
 - Airline bankruptcy / default.
 - Weather-related delays.
 - Simply changing my mind.
- It has been recommended that I purchase separate travel insurance for this trip to protect against the cancellation fees noted above.
- I have selected the following choice (*please initial one of the following as appropriate and complete the rest of the form as indicated*):
 - _____ I have purchased separate travel insurance (or will purchase same prior to departure) as appropriate to my needs.
 - _____ I have decided NOT to purchase separate travel insurance and accept full responsibility for any cancellation fees that may occur as a result of my non-participation on this trip.

Signature of participant or parent/legal guardian

Date: ____ / ____ / ____

Printed Name _____



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.