

UMVIM UNITED METHODIST VOLUNTEERS IN MISSION

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.

West Ohio Conference *Volunteers in Mission:*

Parental/Legal Guardian Consent

The consent must have signatures of both parents (even if divorced or separated) or a legal guardian when the child/person requiring a legal guardian participates in a VIM Mission Journey. If one

to be used with minors/persons requiring a legal guardian

parent accompanies the child, the other parent still must sign this form. If one parent is deceased, please attach a death certificate. We (Parent(s)/Legal Guardian) the parents/legal guardians of (Child/Person Requiring a Legal Guardian) ______ give permission to fully participate in the UMVIM Journey to _____ Location of Mission Journey We acknowledge we are allowing full participation of the above mentioned child/person requiring a legal guardian entirely upon our own initiative, risk, and responsibility. We have been advised and understand that the mission team may be exposed to unusual risks. We further expressely authorize and conset to any medical treatment or hospital care under the superivsion and advice of any physician licensed to practice medicine by the state in which he/she practices during the duration of the identified mission journey. Now, therefore, in consideration of the persmission extended to the above mentioned child/person requiring a legal guardian to fully participate in this UMVIM Mission Journey, we do hereby for ourselves, said child/ person requiring a legal guardian, heirs, executors, and administrators, remise, release, and forever discharge the UMVIM team leader(s) ______, the West Ohio Conference of The United Methodist Church, United Methodist Volunteers in Mission, its officers and members, as well as all other participatnts and sponsors of said Mission Journey, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of or any injury or illness to the above mentioned child/person requiring a legal guardian, or loss or damage to property which may occur from any cause during the mission journey, as well as all ground and flight travel incident during the mission journey. It is our intention by this document to consent to the above menioned child/person requiring a legal guardian's full participation in said UMVIM Mission Journey, to conset to allow the team leader(s) to act in loco parentis for the duration of the Mission Journey, and to waive and forego all right of action by ourselves and the above mentioned child/person requiring a legal guardian against the parties herein before named. Signature of Parent/Legal Signature of Parent/Legal Guardian Guardian Address Address Notarization of Power of Attorney Form _____ PARISH OR COUNTY OF _____ On this _____day of _____, ____ (year), 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.

My Commission Expires ____

Notary Public, ___

__Parish or County __