



# IOWA CONFERENCE UNITED METHODIST CHURCH DISASTER RESPONSE

## 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: Flood Recovery 2008 Dates \_\_\_\_\_  
Home Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Medical Insurance Provider \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_

**Person In USA 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** \_\_\_\_\_

### 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 North Central Jurisdiction of the United Methodist Church, the Iowa 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 risks to participants. Those risks may involve, among others, the following: Dangers resulting from disease or accident while performing clean-up and/or construction work designed to repair disaster damage; exposure to heat and humidity with no air conditioning available; or exposure to cold with no central heating. This work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and some activities may take place on ladders and building framing other than at ground level. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced. I am in good health and physically able to perform this type of work. 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.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_