



Living Out  
The **POWER** of We

**MISSISSIPPI CONFERENCE OF THE UNITED METHODIST CHURCH LIABILITY  
RELEASE AND INDEMNITY AGREEMENT**

**PLEASE READ THIS BEFORE SIGNING. THIS IS PRESENTED AS A PROPOSED WRITTEN AGREEMENT THAT ONCE LAWFULLY SIGNED BY YOU, WILL CONSTITUTE AS A LEGAL AND BINDING CONTRACT BETWEEN THE MISSISSIPPI CONFERENCE OF THE UNITED METHODIST CHURCH AND YOU.**

I, \_\_\_\_\_, wish to volunteer in support of The Mississippi Conference of the United Methodist Church. I voluntarily and freely understand and agree as follows:

1. I have chosen to perform clean-up, construction, repair, or other such work in support of ongoing recovery efforts to. I understand that this work entails a risk of physical injury and involves at times hard physical labor, heavy lifting, and other strenuous activity. Some of these activities may take place on ladders and structures, other than on ground level. I certify that I am in good health and am physically able to perform the type of work.
2. I understand that I am engaging in this volunteer work at my own risk and of my own free will. With that, I release, waive, discharge, indemnify and forever hold harmless The Mississippi Conference of the United Methodist Church, together with its officers, agents, servants, directors, employees, and attorneys from any and all claims or causes of action arising out of this work, further to include claims arising out of travel and lodging associated therewith.

**I verify this statement by placing my initials here: \_\_\_\_\_  
Parent or Guardian's initials (if under 18): \_\_\_\_\_**

SO UNDERSTOOD AND AGREED BY ME on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

VOLUNTEER:

\_\_\_\_\_

(PRINTED)

(SIGNATURE)

PARENT OR GUARDIAN (IF UNDER 18):

\_\_\_\_\_

(PRINTED)

(SIGNATURE)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

PLEASE CIRCLE VOLUNTEER DATE COVERED BY THIS LIABILITY FORM:

Week 1: Feb 8-12      Week 3: Feb 22-26      Week 4: March 1-5      Week 5: March 8-12

PERSON TO CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

# Medical Information for Individual Volunteers

To be carried by group leader(s), in case of emergency, while guarding confidential information

Name (please print) \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of group \_\_\_\_\_ Group leaders \_\_\_\_\_

Name of emergency contact person: \_\_\_\_\_

Relationship to volunteer \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Other phone: \_\_\_\_\_

List any known medication allergies \_\_\_\_\_

List any physical limitations or concerns \_\_\_\_\_

List any prescriptions or medications you currently are taking

Name of medication	Dosage	When taken	Supervision needed?
--------------------	--------	------------	---------------------

Date of last Tetanus vaccination \_\_\_\_\_ Check if not known \_\_\_\_\_

Other helpful health information:

**HEALTH INSURANCE COVERAGE:** provide copy of insurance card (front and back) to group leader, and carry card on you at all times.

**Authorization:** In the unlikely event of a medical emergency in which I am unable to speak for myself, and close family members cannot be reached, I authorize the group leader(s) to consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment and/or hospital care deemed necessary.

Volunteer signature \_\_\_\_\_ Date \_\_\_\_\_

## For volunteers under age 18—Parent /guardian authorization:

I, (print name) \_\_\_\_\_ as parent/guardian of the above named person, if I cannot be reached, authorize the group leaders to consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment and/or hospital care rendered to the above named minor deemed necessary in an emergency.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Group leader: Please carry this form during the trip, and shred it upon return home to protect confidential information.*