

First United Methodist Church
Youth Ministries



Mexico 17: Called!
(We're teaming up with McFarlin UMC from
Norman, OK for our second mission to
Nuevo Progreso.)

Registration Packet

- No Forms Need To Be Notarized
- Event Registration and current FUMC Medical Release
Forms are necessary
 - Those Over 18: Fill Out Pages 3, 6, & 7
 - Those Under 18: Fill Out Pages 3, 4, 5, & 7



**OKLAHOMA CONFERENCE OF THE
UNITED METHODIST CHURCH**

Oklahoma Volunteers In Mission

MEDICAL INFORMATION AND EMERGENCY CONTACT INFORMATION

Name on official ID/Drivers License/Passport: _____

Drivers Lic.# and State of issue / Other ID # / Passport number: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home phone: _____

Work Phone: _____ Email: _____

Blood type: _____ Date of birth: _____

Local Church Affiliation: _____

I am a part of the Oklahoma United Methodist Clergy Family: Yes No

1. Information about any prescriptions I use (include name and dosage): _____

2. I am allergic to: _____

3. Physical limitations or concerns: _____

4. Please provide other helpful health information: _____

5. Participant's physician: _____ Phone: _____

6. I consider myself healthy enough to fulfill my responsibilities on the Mission team: Yes No

7. I am diabetic: Yes No

8. I have a history of seizures: Yes No

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING (PRIMARY CONTACT):

Name: _____ Relationship to missionary: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

UNABLE TO CONTACT THE ABOVE, CONTACT THE FOLLOWING (SECONDARY CONTACT):

Name: _____ Relationship to missionary: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

OTHER INFORMATION YOU WISH TO ADD IF AN EMERGENCY ARISES: _____



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FULL NAME OF MINOR MISSIONER: _____

ADDRESS OF MINOR MISSIONER: _____

TRAVEL DATES AND DESTINATIONS: _____

METHOD OF TRAVEL (airlines, flight #, etc.): _____

REASONS FOR TRAVEL: _____

PERMISSION: I/We am or are the parent, parents, guardian, and/or guardians of the above named missioner who is a minor residing at the address set forth above (the "Minor"). I/We hereby permission for the Minor to accompany a United Methodist Volunteers In Mission team to perform certain mission work and to participate as a member of a mission group.

ASSUMPTION OF RISK: I/We have voluntarily elected to allow the Minor to participate in certain mission work coordinated by and through Oklahoma Volunteers In Mission (the "Mission Work"). I/We affirm and acknowledge that I/we have agreed to allow the Minor to participate in the Mission Work entirely upon my/our own initiative, risk, and responsibility. I/We have been advised and fully understand that while participating in the Mission Work, the Minor may be exposed to unusual risks. These risks may include, but are not necessarily limited to, the following: diseases, including air, food and/or water-borne illness; civil insurrection, warfare and/or political unrest; acts of terrorism; post-warfare or post-insurgency hazards; adverse geographic conditions; extreme heat and/or humidity with the possibility that no air conditioning will be available; extreme cold with the possibility that no central heating will be available; environmental conditions such as high altitude, which could have a harmful effect on the Minor if he/she has a heart condition or respiratory disease; native plants and/or animals; vehicle accidents; and/or worksite accidents. I/We understand that the foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers or risks that the Minor may face while participating in the Mission Work. I/We affirm and acknowledge that I/we have been informed of the inherent hazards and risks associated with the Minor participating in Mission Work and that I/we fully understand that these risks can lead to bodily injury, death or property loss or damage. With this understanding, I/we knowingly allow the Minor to assume these risks. I/We agree that this assumption of risk clause shall be construed broadly to the maximum extent permissible under applicable law.

LIABILITY RELEASE: I/We do hereby for myself and the Minor, and our heirs, executors, and administrators, remise, release, hold harmless, and forever discharge the Mission Work team leaders, Mission Work team members, The United Methodist Church, The South Central Jurisdiction of the United Methodist Church, The Oklahoma Conference of The United Methodist Church, The General Board of Global Ministries of The United Methodist Church, The Annual Conference of The United Methodist Church, United Methodist Volunteers In Mission, Oklahoma Volunteers In Mission, and all of their respective officers, employees, volunteers, members, and affiliated organizations, as well as any and all other participants and/or sponsors of the Mission Work, acting officially or otherwise, from all claims, demands, damages, actions or causes of action, liabilities, losses, charges, controversies, costs and expenses of any nature, character, kind, and description, based in law and/or in equity, known or unknown, accrued or not yet accrued, whether anticipated or unanticipated, including the Minor's death or any injury the Minor may suffer, or any loss or damage to my property or the Minor's property which may occur directly or indirectly from, or arising out of, any cause, while the Minor is participating in the Mission Work, as well as all ground and flight travel incident to such Mission Work. This Release shall be construed broadly to the maximum extent permissible under applicable law. THIS RELEASE SHALL REMAIN IN EFFECT UNTIL RESCINDED BY ME/US, IN WRITING.

MEDICAL RELEASE: It is my/our intention by this document to consent to the Minor's participation in the mission trip, to consent to allow the team leader(s) to act *in loco parentis* [In the place of the parent] for the duration of the Mission Work, and to waive and forego all right of action by myself/ourselves and the Minor against the parties herein before named in the above Liability Release. I/We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for the Minor, should the same become necessary because of illness or injury. I/We specifically authorize a physician or other appropriate medical professional to treat the Minor's preexisting condition, if any, by performing any procedure deemed necessary by the treating physician and by prescribing any prescription medicine the Minor is currently taking or needs to take in order to safeguard the Minor's life or well being and providing such prescription to the Minor for treatment. The Liability Release set forth above shall apply in full to the authorizations granted by this clause. THIS RELEASE SHALL REMAIN IN EFFECT UNTIL RESCINDED BY ME/US, IN WRITING.

MEDIA RELEASE: So that Oklahoma Volunteers In Mission can continue to share the love of Christ by telling the story of the ministry, I consent to the use of my image or voice in photographs, audio and/or video recordings (including digital) taken during the course of this mission for the publicity of the Volunteers In Mission Program. THIS RELEASE SHALL REMAIN IN EFFECT UNTIL RESCINDED BY ME/US, IN WRITING.

CONDUCT OF MINOR: I/We acknowledge that the Minor is expected to conduct himself / herself responsibly throughout the trip and while performing mission work and will conform generally to the applicable laws of the jurisdiction in which the Minor is traveling, including but not limited to any such laws or policies pertaining to alcohol consumption and/or drug use, etc.

GOVERNING LAW: I/We agree that the substantive and procedural laws of the State of Oklahoma shall govern the validity, construction, interpretation, performance and enforcement of this instrument or the subject matter covered thereby and I/we agree to jurisdiction in Oklahoma without reference to its conflict of laws provisions. I/We also hereby agree that any action and/or proceeding in connection with this instrument or the subject matter covered thereby shall only be brought in the venue of Oklahoma County, Oklahoma.

Signature of Parent / Guardian Date: _____

Print Full Name: _____ Relationship to Minor: _____

Signature of Parent / Guardian Date: _____

Print Full Name: _____ Relationship to Minor: _____

THIS INSTRUMENT WAS SIGNED ON THE ABOVE DATE BY THE ABOVE PERSON(S) IN THE PRESENCE OF EACH OF US, THE UNDERSIGNED WITNESSES, AS A FREE AND VOLUNTARY ACT AND DEED FOR THE PURPOSES THEREIN EXPRESSED.

Signature of Witness _____
Signature of Witness

Print Full Name: _____ Print Full Name: _____

For INTERNATIONAL travel only – ORIGINAL TO TEAM LEADER and Copy to OKVIM

THIS INSTRUMENT WAS SIGNED ON THE ABOVE DATE BY THE ABOVE PERSON(S) IN THE PRESENCE OF ME, THE UNDERSIGNED NOTARY PUBLIC, AS A FREE AND VOLUNTARY ACT AND DEED FOR THE PURPOSES THEREIN EXPRESSED.

[Signature of Notary]

Print Name: _____

NOTARY PUBLIC

My commission expires: _____

AT ALL TIMES WHILE IN MEXICO MINOR MUST CARRY ORIGINAL OF THIS INSTRUMENT AS WELL AS PROOF OF PARENT/GUARDIAN AND CHILD RELATIONSHIP (birth certificate and/or certified court document).



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Oklahoma Volunteers In Mission

ASSUMPTION OF RISK: I have voluntarily elected to participate in certain mission work coordinated by and through Oklahoma Volunteers In Mission (the "Mission Work"). I affirm and acknowledge that I have agreed to participate in the Mission Work entirely upon my own initiative, risk, and responsibility. I have been advised and fully understand that while participating in the Mission Work, I may be exposed to unusual risks. These risks may include, but are not necessarily limited to, the following: diseases, including air, food and/or water-borne illness; civil insurrection, warfare and/or political unrest; acts of terrorism; post-warfare or post-insurgency hazards; adverse geographic conditions; extreme heat and/or humidity with the possibility that no air conditioning will be available; extreme cold with the possibility that no central heating will be available; environmental conditions such as high altitude, which could have a harmful effect on me if I have a heart condition or respiratory disease; native plants and/or animals; vehicle accidents; and/or worksite accidents. I understand that the foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers or risks that I may face while participating in the Mission Work. I affirm and acknowledge that I have been informed of the inherent hazards and risks associated with participating in Mission Work and that I fully understand that these risks can lead to bodily injury, death or property loss or damage. With this understanding, I knowingly assume these risks. I agree that this assumption of risk clause shall be construed broadly to the maximum extent permissible under applicable law.

LIABILITY RELEASE: I do hereby for myself, and my heirs, executors, and administrators, remise, release, hold harmless, and forever discharge the Mission Work team leaders, Mission Work team members, The United Methodist Church, The South Central Jurisdiction of the United Methodist Church, The Oklahoma Conference of The United Methodist Church, The General Board of Global Ministries of The United Methodist Church, The Annual Conference of The United Methodist Church, United Methodist Volunteers In Mission, Oklahoma Volunteers In Mission, and all of their respective officers, employees, volunteers, members, affiliated organizations and insurers, as well as any and all other participants and/or sponsors of the Mission Work, acting officially or otherwise, from all claims, demands, damages, actions or causes of action, liabilities, losses, charges, controversies, costs and expenses of any nature, character, kind, and description, based in law and/or in equity, known or unknown, accrued or not yet accrued, whether anticipated or unanticipated, including my death or any injury I may suffer, or any loss or damage to my property which may occur directly or indirectly from, or arising out of, any cause, while participating in the Mission Work, as well as all ground and flight travel incident to such Mission Work.

MEDICAL RELEASE: If I am unable to provide reasonably timely consent myself, for any reason, I hereby authorize the Mission Work's Team Leader(s) to consent on my behalf to any necessary examination, anesthetic, medical diagnosis, surgery, or 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, country, or jurisdiction of the Mission Work. I also release the above named parties from all claims, damages, costs and expenses that may directly or indirectly arise as result of any fraudulent, misleading, or intentionally omitted information related to my *Medical Information and Emergency Contact Information* form. The Liability Release set forth above shall apply in full to the authorizations granted by this clause.

MEDIA RELEASE: So that Oklahoma Volunteers In Mission can continue to share the love of Christ by telling the story of the ministry, I consent to the use of my image or voice in photographs, audio and/or video recordings (including digital) taken during the course of this mission for the publicity of the Volunteers In Mission Program.

SURVIVABILITY AND CONSTRUCTION: All Releases herein shall survive completion of the Mission Work. All Release herein shall be construed broadly to the maximum extent permissible under applicable law.

GOVERNING LAW: I agree that the substantive and procedural laws of the State of Oklahoma shall govern the validity, construction, interpretation, performance and enforcement of this instrument or the subject matter covered thereby and I agree to jurisdiction in Oklahoma without reference to its conflict of laws provisions. I also hereby agree that any action and/or proceeding in connection with this instrument or the subject matter covered thereby shall only be brought in the venue of Oklahoma County, Oklahoma.

Signature of Missioner / Team Member / Participant

Date: _____

Print Full Name: _____

THIS INSTRUMENT WAS SIGNED ON THE ABOVE DATE BY THE ABOVE PERSON IN THE PRESENCE OF EACH OF US, THE UNDERSIGNED WITNESSES, AS A FREE AND VOLUNTARY ACT AND DEED FOR THE PURPOSES THEREIN EXPRESSED.

Signature of Witness

Signature of Witness

Print Full Name: _____

Print Full Name: _____

OKVIM Form-Releases (Rev. 02-03-2009)



OKLAHOMA CONFERENCE OF THE UNITED METHODIST CHURCH

Oklahoma Volunteers In Mission

NOTIFICATION OF DEATH (International Missions only)

Name on official ID/Drivers License/Passport: _____

Drivers Lic.# and State of issue / Other ID # / Passport number: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

In the event of my death, should my death occur outside the United States, a family member or a bishop of The United Methodist Church or a representative of the US State Department/US Embassy is to be instructed by the following:

1. Immediately contact the following:

My family or other: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ E-Mail: _____

2. My wishes are as follows: (choose option A or option B)

A. My body is to be cremated if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the United States Embassy of the nation where the death occurred. My remains are then to be shipped to:

If cremation is not possible, then my body is to be shipped home, in keeping with the requirements of the host nation, to (funeral home):

B. I do not wish to have my body cremated. My body is to be shipped to the US, in keeping with the requirements of the nation where the death occurred, to (funeral home):

All my valuables, money, and personal possessions are to be kept in the control of the representative of the United States Embassy and shipped to:

In the event of death, all of the above instructions are to be followed in consultation with the above-named family member if that family member's physical condition and location make such consultation possible. Further, all valuables, money, and personal possessions are to be placed in the possession and control of the above-named family member.

For INTERNATIONAL travel only – ORIGINAL TO TEAM LEADER and Copy to OKVIM

Signature of Missioner / Team Member / Participant
(If under 18, must be signed by parent or guardian)

Date: _____

Print Full Name: _____

THIS INSTRUMENT WAS SIGNED ON THE ABOVE DATE BY THE ABOVE PERSON IN THE PRESENCE OF EACH OF US, THE UNDERSIGNED WITNESSES, AS A FREE AND VOLUNTARY ACT AND DEED FOR THE PURPOSES THEREIN EXPRESSED.

Signature of Witness

Signature of Witness

Print Full Name: _____

Print Full Name: _____

OKVIM Form-Notification of Death (Rev. 02-03-2009)