



**United Methodist Volunteers in Mission**  
**California-Nevada Annual Conference**  
 1350 Halyard Drive, West Sacramento, CA 95691

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### PARENTAL CONSENT

This form must be completed for all youth team members, EXCEPT when the mission is completed entirely in the youth's home state and a parent is also a team member or, for out of state/out of country missions, BOTH parents are travelling with the team. For unaccompanied youth, within the youth's home state, one parent may sign and notarization is not required. For unaccompanied youth travelling outside their home state and/or country, this form be signed and **NOTARIZED by BOTH parents (even if divorced or separated); if one parent is deceased, attach a death certificate. For youth accompanied by one parent and traveling outside the youth's home state/country, the other parent must sign and NOTARIZE this form.**

We, \_\_\_\_\_, the parents/guardians of \_\_\_\_\_  
Parent or guardian names Youth name  
 give our child, a minor residing at \_\_\_\_\_, permission to accompany a United  
Address  
 Methodist Volunteers In Mission team to \_\_\_\_\_ and participate as a  
Location

member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk, and responsibility. We have been advised and understand that the group may be exposed to unusual risks. Those risks may involve, among other things, the following:

Dangers resulting from disease; from civil insurrection or warfare of the kind that we have seen in recent years in Somalia, Bosnia, Liberia; from post-warfare hazards such as landmines; from geographic features such as high altitudes, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

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 our child, should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, and our heirs, executors, and administrators, remise, release, and forever discharge the team leaders(s), \_\_\_\_\_, the California-Nevada Annual Conference of the United Methodist Church, United Methodist Volunteers In Mission, its officers and members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip, as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leader(s) \_\_\_\_\_ to act in loco parentis for the duration of the mission trip, and to waive and forego all right of action by ourselves and our child against the parties herein before named.

\_\_\_\_\_  
 Parent/guardian  
 \_\_\_\_\_  
 Address

\_\_\_\_\_  
 Parent/guardian  
 \_\_\_\_\_  
 Address

**Notarization of Parental Consent Form executed in the presence of:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_

To me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Date \_\_\_\_\_