



LA Conference of the UMC Disaster Response, Inc.

141 North Sixth Street, Baton Rouge, LA. 70802 225-346-5193 fax 225-346-6974 www.laumcstormrelief.com

PARENTAL CONSENT FORM

I, _____, the parent/guardian of _____
Parent or guardian *Child's name*

give my child, a minor residing at _____ (address), permission to accompany a Volunteer Work Mission team to Louisiana's devastated areas and participate as a member of the group. I acknowledge that I am allowing my child to participate entirely upon my own initiative, risk, and responsibility. I 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 geographic features 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.

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

Now therefore, in consideration of the permission extended to my child to accompany the mission team and participate in the mission trip, I do hereby for myself, my child, and my heirs, executors, and administrators, remise, release, and forever discharge the team leader(s) Rick Seiter, LA Conference of the UMC Disaster Response, Inc., 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 my child or any injury to my 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 my intention by this document to consent to my child's participation in the mission trip, to consent to allow the team leader(s) Rick Seiter to act in loco parentis for the duration of the mission trip, and to waive and forego all right of action by myself and my child against the parties herein before named.

Parent/Guardian

Team Leader : Rick Seiter

Address

Arrival & Departure: 3/22/09 - 3/27/09

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Notarization of Parental Consent Form

STATE OF _____ 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.

Notary Public _____

Parish or County _____

State of _____

My Commission Expires _____