



# Spring break Youth Mission Trip TO

## JOPLIN, MO.

**costs -**  
youth \$250 before 2/12/12  
\$300 after 2/12/12  
adult \$150



INFO & REGISTRATION @  
[www.fumcrockwall.com/youthmissions](http://www.fumcrockwall.com/youthmissions)

FOR DISASTER RELIEF,  
RECOVERY & REPAIR

## General Info

Open to any current 7<sup>th</sup> to 12<sup>th</sup> graders. Adults are welcome as chaperone/sponsors but must contact Youth Staff to confirm sign-up.

Working with Missouri Annual Conference, Office of Creative Ministries in charge of the Joplin Disaster Relief - <http://www.umocm.com/joplin>. Will be dividing out into groups of 8-10 plus supervising adults for work groups. Work will encompass anything from disaster relief, recovery or rebuild. Will have a more focused idea of work a few weeks out. We are gathering work team supplies in addition to the supplies listed in the individual to bring list. If your family can help with these please contact the youth staff. It is best for these to be already loved tools – still dependable, but also not a new gift just received for Christmas since wear and tear are a reality of mission work.

Because of the nature of our work, the organization we are working for suggests to have a current tetanus shot. Obviously, we will take what medical first aid steps are needed should anyone step on a nail or find any other type of debris metal.

As for all of our youth events scholarships are available. We never want money to be a reason why a youth cannot participate. Contact Rev. Paul Maletic for more details – [pmaletic@fumcrockwall.com](mailto:pmaletic@fumcrockwall.com) or 972-771-5500 x22.

For our fun day we are traveling to Branson, Missouri and will be going to Silver Dollar City as well as spending some time in the town in general. We will also celebrate a week full of work as we enjoy a nice dinner out.

For any other questions or concerns about the trip don't hesitate to contact the youth staff below or call the youth office at 972-771-5500 x22.

Rev. Paul Maletic  
Minister with Youth  
[pmaletic@fumcrockwall.com](mailto:pmaletic@fumcrockwall.com)  
972-746-7209 cell

Adam Young  
Assistant Minister with Youth  
[ayoung@fumcrockwall.com](mailto:ayoung@fumcrockwall.com)  
214-718-3441 cell

Katrina Culberson  
Youth Intern  
[kculberson@fumcrockwall.com](mailto:kculberson@fumcrockwall.com)  
903-268-3806 cell



# What to Bring List

**These items will help make your time here a more pleasant experience:**

- An enthusiastic spirit
- A servant heart
- Bible
- Any musical instrument you play
- Pillow, sheets, blankets, sleeping bag for sleeping at church (it might get cool at night)  
– *cots provided by Neosho UMC for most nights – church floor for overnight in Branson*
- Earplugs (these will help deal with the potential nightly noise factor) – Paul or Adam might snore...
- Enough clothes for the entire week - *there are no laundry facilities*
- Clothing for doing debris removal, construction & heavy yardwork  
(long pants, sturdy close-toed shoes, long sleeve shirt to toss on depending on the work)
- Jacket
- Raincoat/ Waterproof shoes
- Sweat shirt/pants
- Flashlight
- Bug repellent and Sunscreen
- Handwipes to take with you to your work site in case you are not close to a sink
- Toiletries/towel/washcloth
- Shower shoes – we will be showering at our host church
- Portable Camp Chair (This will provide you a comfortable seat anywhere at the church)
- Extra money for pit stops at local convenience stores, and local art offerings
- Tools
  - good hammer
  - work gloves
  - water bottle to reuse
- Make sure to turn in paperwork before...
  - UMVIM Joplin Medical & Liability Release Form (needs notary)
  - UMVIM Joplin Parental Consent Form (needs notary)
  - Joplin AmeriCorps Release
  - 2012 FUMC Rockwall Medical Form (needs notary)
  - Optional Additional VIM Insurance Form – *need by 2/12/12 to submit with group*

**Medical and Liability Release Form (for UMVIM Joplin)**

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: \_\_\_\_\_ 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 \_\_\_\_\_ Jurisdiction of the United Methodist Church, the \_\_\_\_\_ 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 unusual risks to participants. Those risks may involve, among others, the following: Dangers resulting from disease; from civil warfare or insurrection 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 altitude, 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. 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 \_\_\_\_\_

**Notarization of Liability, Medical, and Information Release 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 \_\_\_\_\_

## Parental Consent (for UMVIM Joplin)

The consent must have signatures of both parents (even if divorced or separated) when the youth is traveling outside the US. If one parent accompanies the youth, the other parent must sign this form. If one parent is deceased, attach a death certificate.

We, \_\_\_\_\_, the parents/guardians of \_\_\_\_\_  
*Parents or guardians* *Child's name*  
give our child, a minor residing at \_\_\_\_\_ (address), permission to accompany a United Methodist Volunteers In Mission team to \_\_\_\_\_ (location) and participate as a 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.

I specifically authorize a physician or other appropriate medical professional to treat my child's \_\_\_\_\_  
*(Name of ailment)*  
by performing \_\_\_\_\_ and by prescribing \_\_\_\_\_  
*(Name of procedure)* *(Name of prescription)*

and providing such prescription to my child for treatment.

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 leader(s) \_\_\_\_\_, the \_\_\_\_\_ 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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

### 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(s) 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 \_\_\_\_\_

## Joplin Tornado May 2011

### VOLUNTEER RELEASE AND WAIVER OF LIABILITY

AmeriCorps Joplin Emergency Response Team, Individual, and Group Volunteers

**PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.**

This Release and Waiver of Liability, executed on (date) \_\_\_\_\_, by (volunteer's name) \_\_\_\_\_, in favor of AmeriCorps St. Louis, Jasper/Newton County, Joplin City, and their partner organizations, directors, officers, members and affiliates (herein referred to as "Storm Recovery Task Force").

I, the volunteer, desire to work as a volunteer for Americorps St Louis and engage in activities, as coordinated by Americorps St Louis, related to being a volunteer. I understand that such activities may include, but not limited to, tree and debris, application of tarps, distribution of goods, EMT and other medical work, work around chainsaws and other power equipment, etc. I freely and voluntarily execute this Release under the following terms.

1. **RELEASE AND WAIVER.** I hereby release and forever discharge Americorps St Louis from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from my activities with Americorps St Louis. I understand that this Release discharges Americorps St Louis from any liability or claim that I may have against Americorps St Louis with respect to bodily injury, personal injury or property damages that may result from my activities with Americorps St Louis. I also understand that Americorps St Louis does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto or disability insurance in the event of injury or loss.

2. **MEDICAL TREATMENT.** I hereby release and forever discharge Americorps St Louis from any claim which arises or may arise on account of first aid, treatment or any service rendered in connection with my volunteer activities with Americorps St Louis.

3. **ASSUMPTION OF RISK.** I understand that my volunteer activities may include work that is hazardous, including but not limited to work around power tools, heavy machinery, as well as transportation to and from the work site. I hereby expressly assume the risk of injury or harm in the volunteer activities.

4. **INSURANCE.** I understand that Americorps St Louis does not carry or provide health, medical, disability or auto insurance coverage for any emergent volunteer. Each volunteer is expected and encouraged to obtain his or her own medical, health, disability and auto insurance.

5. **PHOTOGRAPHIC RELEASE.** I hereby grant unto Americorps St Louis all rights to any and all photographic and video images made during my service to Americorps St Louis for internal use or reasons of publicity.

6. **OTHER.** I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by local and state laws. I agree that in the event that any provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of the Release and Waiver, which shall continue to be held enforceable.

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

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(for volunteers under the age of 18)

Drivers License # \_\_\_\_\_

Organization: \_\_\_\_\_

#### Emergency Contact Information

Contact person: \_\_\_\_\_

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

Contact phone number: \_\_\_\_\_ Secondary number: \_\_\_\_\_

Collected by: \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_\_\_ at \_\_\_ am/pm

North Texas Conference of The United Methodist Church  
First United Methodist Church of Rockwall

2012

YOUTH MEDICAL FORM

Name \_\_\_\_\_

**PERSONAL AND MEDICAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Youth's Social Security # \_\_\_\_\_  
Father's Social Security# \_\_\_\_\_ Mother's Social Security# \_\_\_\_\_  
Names of Parents (or Legal Guardians) \_\_\_\_\_  
Names of Physician \_\_\_\_\_ Phone Number of Physician \_\_\_\_\_  
Date of last tetanus shot \_\_\_\_\_ List any Allergies \_\_\_\_\_  
List of medications \_\_\_\_\_  
Medical History (diabetes, epilepsy, heart murmur, etc) \_\_\_\_\_  
\_\_\_\_\_  
Group of Family Hospitalization Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_  
Agent's Name & Phone Number \_\_\_\_\_  
Group Number \_\_\_\_\_  
Policy Number \_\_\_\_\_  
In case of emergency call \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**WAIVER OF RESPONSIBILITY**

I, \_\_\_\_\_, legal parent/guardian, give my permission for \_\_\_\_\_ to participate in all activities. I hereby release the First United Methodist Church of Rockwall, its staff, and volunteer counselors of any liability in the event of accident or injury.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO/FILM PERMISSION**

I authorize use of photos and film of my student to be used by the ministries of First United Methodist Church of Rockwall.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**POWER OF ATTORNEY**

I, natural parent or legal guardian of \_\_\_\_\_, do by these presents make, constitute and appoint FUMC Representatives as his/her agent as my true and lawful attorney in fact to act for me and in my names, place, and stead; and to do any every and all acts exercise any, every and all powers that I might or could do in giving consent to emergency medical treatment for my minor child that he shall deem proper or advisable to do or exercise on my behalf.

This Power of Attorney and appointment of FUMC Representatives as my attorney-in-fact for the limited purpose of consenting to emergency medical treatment for the above named minor child shall not terminate on my physical or mental disability subsequently to the date of execution hereof.

IN WITNESS WHEREOF I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signed \_\_\_\_\_

**NOTARIZATION**

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the above and foregoing instrument and acknowledge to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

Each young person on a church trip will need a means of paying for emergency medical treatment. Hospitals will file on the insurance and use the power of attorney to authorize treatment, but most will require payment in advance. If you would like credit card information to be available for the representative from your church in the case of an emergency, please fill in the below information.

Credit Card \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Optional additional UMVIM Insurance – need returned by 2/12/12 to submit for group

General Board of  
**Global Ministries**  
The United  
Methodist Church



Mission Volunteers Office  
475 Riverside Dr., Suite 330  
New York, NY 10115  
Tel (212) 870-3825  
Website: <http://gbgm-umc.org/vim>

**UNITED METHODIST VOLUNTEER IN MISSION (UMVIM) ACCIDENT INSURANCE APPLICATION**

Please print legibly in black or blue ink, and sign the Release of Liability. Couples must fill out separate forms. Reproduce as needed.

\_\_Rev./ \_\_Dr./ \_\_Mr./ \_\_Mrs./ \_\_Ms. \_\_\_\_\_

First Name Middle Initial Last Name

Birth date (month/day/year) \_\_\_/\_\_\_/\_\_\_ Member Church (Name & City) \_\_\_\_\_

Home Street Address (including apartment #), or PO Box \_\_\_\_\_

City, State & Zip Code (+ additional 4 digit zip code if known) \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Beneficiary: [ ]Estate/My Will [ ]Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Date of Departure (month/day/year) 3 / 11 /2012 Date of Return (month /day/year) 3 / 17 /2012

Missouri Conference – Joplin Relief

Sponsoring organization (e.g. local church, Conf.) FUMC Rockwall UMVIM project name Office of Creative Ministries

Type of team: Medical \_\_\_ Construction X Other (specify): \_\_\_\_\_

Destination (if in the U.S., city & state; if abroad, name of country) \_\_\_\_\_

Team Leader / Coordinator 1 Rev. Paul Maletic 2 \_\_\_\_\_

FUMC Rockwall Minister with Youth

**RELEASE OF LIABILITY (this must be signed BY APPLICANT for application to be valid & for applicant to receive insurance coverage)**

I understand that the General Board of Global Ministries of The United Methodist Church assumes no liability for any personal harm or illness, or for loss of or damage to any property, that may come to me while I am serving as a United Methodist Volunteer in Mission, and I, my heirs, personal representatives and assigns, hereby absolve the General Board of Global Ministries of The United Methodist Church and hold it harmless from any claim or demand which I, my heirs, personal representatives or assigns might conceivably assert for any such harm, illness, loss or damage. I intend to be legally bound by this statement.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

(If the volunteer is 21 years or less, both the volunteer's and a parent's or guardian's signature are required)

Witnessed by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**PRIVACY RIGHTS (These are legal statements, and you may wish to review them with an attorney.)**

By my signature below, I consent to the recording and use of the personal data I am providing for the Mission Volunteers Database (MVDB), utilized by designated, password-authorized persons in GBGM, UM Committee on Relief (UMCOR), UM Volunteers in Mission (UMVIM), and MV programs. A voluntary service, the MVDB provides information for volunteer recruitment, placement, and communication, as well as insurance and statistical record-keeping. I may obtain a copy of and/or request the deletion of my data by contacting GBGM by signed request. After seven (7) years of no data activity, my personal data may be deleted. I release GBGM and all MVDB-authorized users from all legal responsibility for the use of my personal data unless they have recklessly misused the information. For complete details regarding MVDB policies, please consult <http://gbgm-umc.org/vim/mvdb/policy.htm>.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

(If the volunteer is 21 years or less, both the volunteer's and a parent's or guardian's signature are required)

**NOTES:** 1) This insurance policy is FOR U.S. CITIZENS & PERMANENT RESIDENTS ONLY who are participants in UMVIM projects which are either listed in the Jurisdictional & Mission Volunteers websites (see <http://gbgm-umc.org/vim/umvimmap.htm>), Advance specials, or involve working with GBGM missionaries. 2) We try to accommodate applications up to the last minute, but please try to mail them 1 month before departure, in 1 batch (not separately), & pay with 1 check (not separate checks). Check should accompany applications. 3) Attach cover sheet stating a) team leader's or coordinator's name, address, phone, & email, b) destination, c) names & # of persons per each distinct set of dates of coverage (i.e. having same dates of departure AND return), as letter of coverage is drawn up per # of persons with same dates. 4) Make check payable to: General Board of Global Ministries, at \$75 per person per day, including days of departure & return (in subtracting departure from return date, add 1 to the difference to get correct # of days). 5) NO cancellations. 6) Don't fax applications. 7) Address envelope to: Mission Volunteers, Room 330, 475 Riverside Dr., New York NY 10115. 8) Team leader/coordinator will be sent a copy of our letter to insurance company for team coverage. (Revised 3/15/05)

## *Information about optional additional UMVIM Insurance*

### **Accident Insurance Policy Issued to the Mission Volunteers Program Area By the Federal Insurance Company of the Chubb Group For Participants in United Methodist Volunteers in Mission (UMVIM) Projects**

Note: There is a deductible of \$250. This insurance policy is intended for those working in UMVIM projects, including travel to and from. UMVIM projects are defined as those projects which are either listed in the Jurisdictional & Mission Volunteers websites (see <http://gbgm-umc.org/vim/umvimmap.htm>), Advance specials, or involve working with GBGM missionaries. It is not intended for language study (except when required by the Individual Volunteer program) or non-work trips.

**Cost of Coverage: BEGINNING JANUARY 1, 2005, THE COST OF COVERAGE IS \$0.75 PER PERSON PER DAY, INCLUDING DAY OF DEPARTURE AND DAY OF RETURN.**

#### *Outline of Coverage:*

**Medical expenses for an injury due to an accident:** If an accidental bodily injury results in an insured person requiring medical care and treatment, the policy will pay the reasonable and customary medical expenses of medically necessary medical services up to \$10,000, subject to a deductible of \$250. Medical services means the costs for medically necessary treatment by a physician or dentist, hospital room & board, use of an ambulance, drugs, medicines, diagnostic tests & x-rays, treatment performed by licensed medical professional (if hospitalization would have otherwise been required), rental of durable medical equipment like wheel chairs or hospital beds, prosthetic appliances, orthopedic appliances or braces. It does not apply to charges for which the Insured Person has no obligation to pay, eyeglasses, other vision & hearing aids, and artificial limbs.

**Accidental death and dismemberment benefit:** If accidental bodily injury causes the following losses w/i one year of the date of the accident which are not otherwise excluded, the policy will pay indicated percent of the principal sum of \$80,000 for: loss of life, 100%; loss of speech & hearing, 100%; loss of speech & one of: hand, foot or sight of an eye, 100%; loss of hearing & one of: hand, foot or sight of an eye, 100%; loss of both hands, both feet, sight of both eyes or a combination of any two of a hand, a foot, or sight of an eye, 100%; loss of one hand, one foot, or sight of an eye, 50%; loss of speech or hearing, 50%; loss of thumb & index finger of same hand, 25%.

**Medical evacuation & repatriation:** If accidental bodily injury, disease or illness causes an insured person to require a physician-ordered medical evacuation and/or repatriation, the policy will pay for covered expenses incurred up to maximum amount of \$100,000. The assistance services administrator, Medex Assistance Co., must approve evacuation/repatriation. Covered expenses include costs for evacuation, transportation, medical supplies & services, but not expenses incurred if travel is against advice of a physician, for the purpose of obtaining medical treatment or due to normal pregnancy or resulting child birth. Medex operates a 24-hour tollfree emergency telephone assistance service. To access emergency assistance services while traveling, please call one of the following emergency tel. #s: 1-800-527-0218 from w/i US, Canada, Puerto Rico or US Virgin Islands, or 410-453-6330 collect from anywhere else in the world. Maximum limit of insurance/aggregate: \$500,000 per accident.

**Exclusions:** These include loss occurring while insured is in, entering or exiting any aircraft owned, leased or operated by his or her employer or on behalf of employer; loss occurring while insured is in any aircraft while acting or training as a pilot or crew member (this does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency); loss caused by or resulting from insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunctions (this does not apply to loss resulting from bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria); loss resulting from suicide, attempted suicide or loss intentionally self-inflicted; loss caused by or resulting from declared or undeclared war, but war does not include acts of terrorism; loss while insured is participating in military action with Armed Forces of any country or established international authority. (01/7/05)