



# Release of Liability and Consent Form

Youth With A Mission is a volunteer missionary organization. Some of its work includes manual labour, walking to remote locations, as well as going to Countries where medical care and legal procedures may differ from the standards to which you are accustomed. Also, some specialized medical services may not be easily available and substitution is necessary.

With this in mind, we must ask you to be assured in your heart and to understand the sacrifice which that may entail. By signing this form you are giving your acknowledgement of these potential risks.

## Release of Liability:

I / We will not hold Youth With A Mission (YWAM), it's agents, employees or volunteers liable for any and all accidents, damages or loses that may happen to the applicant, named below, as a result of his/her involvement or participation with YWAM.

Applicant's Name:

If the applicant is under 18 years of age, the signature of a parent or legal guardian is required. If the applicant is over 18 years of age, only the applicant's signature is required.

Signature of Parent or Legal Guardian:

Date:

DD / MM / YYYY

Signature of Applicant:

Date:

DD / MM / YYYY

Home Phone:

Work Phone:

## Consent for Treatment:

In case of a medical emergency, I hereby give YWAM permission to authorize any emergency medical treatment by a physician as he or she may deem necessary.

Applicant's Name:

If the applicant is under 18 years of age, the signature of a parent or legal guardian is required. If the applicant is over 18 years of age, only the applicant's signature is required.

Signature of Parent or Legal Guardian:

Date:

DD / MM / YYYY

Signature of Applicant:

Date:

DD / MM / YYYY

Home Phone:

Work Phone:



# Legal Consent For Minors

This form must be completed if the Applicant is under 18 years of age

I hereby give my consent for

(full name of minor):

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To participate in a Youth With A Mission program, and any related activities, and to travel both within and outside the Caribbean with Youth With A Mission when the program indicated requires it.

Full Name of Parent or Legal Guardian:

Relationship to Applicant:

Signature

Date:

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DD / MM / YYYY