

MISSION ADVENTURES

Application-Student-Part 2

HEALTH INFORMATION

Are presently under a doctor's care for any condition: Yes No If yes, please explain: _____

Are you taking any medication at this time: Yes No If yes, please explain: _____

Are you allergic to any medications: Yes No If yes, please specify: _____

Do you have any physical impairments, handicaps, or health conditions that require special attention?

Yes No If yes, please explain: _____

Have you had past psychiatric treatment or counseling: Yes No If yes, please explain: _____

Date of last Tetanus inoculation: _____

Has basic childhood series of tetanus shots been received? Yes No

Do you have medical insurance: Yes No

Name of insurance company: _____

Group/insurance number: _____

Brief explanation of benefits: _____

Emergency Contact Name: _____

Relationship: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Consent for Treatment

I/we hereby agree to the performance of such treatment or anesthetics and operations as in the opinion of the attending physician are deemed necessary on:

Applicants Name (print) _____

Applicants signature _____ Date _____



Application-Student-Part 3

ADULT AUTHORIZATION

To be filled out by legal guardian if applicant is under 18

Name: _____
First Last Middle

Address: _____

City: _____ State: _____ Country: _____

Zip: _____

Daytime phone: _____ Evening phone: _____

E-mail: _____

Waiver and Release of Liability

In consideration of Youth With A Mission Salem, a nonprofit corporation. YWAM organizing, arranging and permitting my child to participate in this event, I hereby waive all rights which I may now have or which may accrue in the future against YWAM, its respective chapters, directors, officers, employees and members (collectively the YWAM Representatives) and I hereby release and discharge YWAM and the YWAM Representatives from, and agree to indemnify and hold YWAM and the YWAM

Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands and judgments (collectively the "losses and claims") which I, my spouse, family members, children, invites, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with my travel to, attendance at, or participation in YWAM events.

I acknowledge that certain legal rights against YWAM or the YWAM Representatives may be available to me now or in the future as a result of any losses and claims and that by executing this waiver and release of liability, my spouse and I are forever relinquishing those rights against YWAM and the YWAM Representatives. I acknowledge that no promises, representations or affirmations of fact were made to me by YWAM or the YWAM Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participating in any activity, academy, event, or outing related to associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability and accept the terms of this waiver and release of liability as a condition to my attendance at the event.

Authorization and Consent for Treatment

I have read the above waiver and release of liability and agree to its provisions. In addition, I give YWAM permission to authorize any medical treatment deemed necessary by a physician if I am in a condition where I am unable to provide consent.

Signature of Parent/Guardian

Date

MINOR AUTHORIZATION

Minor's Name: _____
Parent/Guardian's Name: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Church with which minor is attending our program: _____

Waiver and Release of Liability

In consideration of Youth With A Mission Salem, a nonprofit corporation. YWAM organizing, arranging and permitting my child to participate in this event, I hereby waive all rights which I may now have or which may accrue in the future against YWAM, its respective chapters, directors, officers, employees and members (collectively the YWAM Representatives) and I hereby release and discharge YWAM and the YWAM Representatives from, and agree to indemnify and hold YWAM and the YWAM Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands and judgments (collectively the "losses and claims") which I, my spouse, family members, children, invites, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with my travel to, attendance at, or participation in YWAM events.

I acknowledge that certain legal rights against YWAM or the YWAM Representatives may be available to me now or in the future as a result of any losses and claims and that by executing this waiver and release of liability, my spouse and I are forever relinquishing those rights against YWAM and the YWAM Representatives. I acknowledge that no promises, representations or affirmations of fact were made to me by YWAM or the YWAM Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participating in any activity, academy, event, or outing related to associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability and accept the terms of this waiver and release of liability as a condition to my attendance at the event.

Authorization and Consent for Treatment

I have read the above waiver and release of liability and agree to its provisions. In addition, I give YWAM permission to authorize any medical treatment deemed necessary by a physician if I am in a condition where I am unable to provide consent.

Signature of Applicant Date
Relation to Adult: _____

WAIVER AND CONSENT

I, _____, hereby certify that the information I have provided on this application for Mission Adventures is true and correct. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I attend Youth With A Mission Salem, I agree to abide by and be bound by the policies of Youth With A Mission Salem and to refrain from inappropriate conduct in the performance of my duties on behalf of Youth With A Mission Salem.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and not under duress or coercion.

Signature of Applicant Date