

Youth With A Mission
General Information and Authorization Form:

Name _____ Email Address _____

Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Male _____ Female _____ Age _____ Date of birth: _____ / _____ / _____

Primary phone where you can be reached: (_____) _____

Emergency contact: _____ Phone: (_____) _____

Do you speak Spanish? _____ Specific professional skills _____

Outreach dates: From **March 30th** to **April 5th** Year **2025** HOUSE BUILDING

Medical Information:

Insurance Provider _____ (Attach a copy of your medical insurance card - front and back)

Are you allergic to any medication? (Circle one) Yes No
If yes, please describe

Are you taking any medication? (Circle one) Yes No
If-yes, please describe

Waiver and Release of Liability

I, the undersigned participant, have been advised of the nature of the activities that may take place during the Outreach and represent to you that I, the participant, am physically and mentally able to participate in those activities. I understand that the activity does present a possible risk of injury. I represent to you that I, the participant, assume the risk of any such injury and hold Youth With A Mission including each of their staff members, agents, and volunteer workers, hereafter collectively referred to as "YWAM representatives" harmless from any liability for injury to me the participant, while engaged in this activity and agree to indemnify and defend Youth With A Mission against such injury to me the participant. I, the undersigned, hereby release Youth With A Mission representatives and staff from, and agree to indemnify and hold them harmless from and against all liability for any actions, damages, causes of action, suits, costs, losses,

expenses, claims, demands, damages, and judgments, collectively known as "Losses and Claims", which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors, and assignees ever had, now have or hereafter shall or may have resulting from or arising in connection with my travel to, attendance at or participation in the Youth With A Mission outreach. I also hold Youth With A Mission harmless from all liability to any other person or entity arising as a result of my conduct as a participant in this activity and agree to defend and indemnify Youth With A Mission against any claim or liability arising as a result of such conduct.

Authorization and Consent for Treatment

Youth With A Mission and/or its staff members or volunteer workers, is hereby authorized on my behalf to arrange for any medical and hospital treatments as may be deemed advisable for my health and well being as a participant. I agree to the performance of medical treatment, anesthesia and operation as, in the opinion of an attending physician, is deemed necessary.

I, the undersigned, have read the above Waiver and Release of Liability and Authorization and Consent for Treatment and agree to their provisions.

Participant's signature _____ Date _____

Parents or Guardian must sign the, Minor Consent Form - following page - to authorize the participation of minors, (under 18 years of age).

Youth With A Mission

MINOR CONSENT FORM

Minors may participate in an outreach sponsored by YWAM-Chico, CA ("YWAM") provided::

- That minors are accompanied by both parents or that this, Minor Consent Form, is signed by the non traveling parents.
- That minors, who are between the ages of 14 and 17, are accompanied by a legal guardian* (see below) or that they travel in the care of YWAM, which may, after careful consideration, agree to serve as legal guardian* for the minor child.
- That minors, 13 years of age and younger, are accompanied by their own parent(s) (see above) or a legal guardian* other than YWAM.
- That in every case the legal guardian* is authorized by BOTH parents, who will both be required to indicate their consent by signing this, Minor Consent Form, in the presence of two witnesses.

* A legal guardian is one who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person. This includes, but is not limited to having the legal authority to request and authorize medical care for the person for whom the guardian is responsible. This, Minor Consent Form, must be signed by both parents in the presence of two witnesses.

I, _____ and I, _____
name of parent name of parent

give permission to _____
name of guardian (Put an Adult's name going on the trip)

to take our child(ren) _____
full legal name and date of birth of minor child(ren)

to Mexico on a YWAM sponsored outreach. Our child(ren) is/are scheduled to return to the US on _____

parent: - please print and sign name date

parent: - please print and sign name date

witness: please print and sign name, and provide telephone number date

witness: please print and sign name, and provide telephone number date