

YWAM Authorization Form

General Information

Name: _____

Address: _____ City: _____

State/Prov: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Emergency Phone: _____

Activity: _____ Location: _____

Dates: _____ to _____

Medical Information

Name of Medical insurance provider: _____

(Please supply a copy of the medical insurance card, both front and back).

Is your child allergic to any medication, food, etc.? Y N

If yes, please describe here: _____

Is your child taking any medication? Y N

If yes, please describe here: _____

Date of last tetanus inoculation: _____

Has basic childhood series of three tetanus shots been given? Y N

Waiver and Release of Liability

In consideration of Youth With A Mission Charlotte, North Carolina, a not-for-profit corporation, (YWAM) organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or which may accrue in the future against YWAM, its respective chapter, 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 action, damages, causes of action, suits, costs, losses, expenses, claims, demands, and judgements (collectively the "Losses and Claims"), which I, my spouse, my family, children, invitees, heirs, 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 of the event.

Authorization and Consent for Treatment (Adult)

I have read the above Waiver and Release of liability and agree to its provisions.

Signature: _____ Date: _____

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Authorization and Consent for Treatment (Minor)

For those under 18 years of age, this part must be signed by their parent/legal guardian.

I give permission for my son/daughter to attend the above YWAM function. I have read the above waiver and release of liability and agree to its provisions. In addition, I give permission for my son/daughter to receive any medical treatment deemed necessary by a physician.

Signature: _____ Date: _____

Relationship to Minor: _____

Travel Insurance—Important Notice

This includes: health, accident, trip cancellation, etc.

Your daily fee **does not** include any travel insurance of any kind. **It is the responsibility of each participant and/or Church, Organization, or Local Team to ensure that they have adequate travel coverage and to provide proof of health insurance to our office prior to the trip.**

Each participant should check to see what out of State/Province health insurance they have in case of a medical emergency or accident or death.

Do not assume coverage! Check before each time you travel. Travel insurance should be confirmed in writing. We strongly recommend that you purchase extra health and accident coverage if you have any doubt at all about your coverage.

Each participant should bring copies of their extra travel insurance coverage with them on their trip.

I _____ have read the above statement and understand that Youth With A Mission—Charlotte **does not provide any travel insurance whatsoever**, (including health, accident, trip cancellation, etc.), and it is my responsibility to have or purchase this coverage if I desire to have it.

Signature _____ Date: _____

Parent's Signature (if under 18) _____ Date: _____

Notarization Form (to be signed by each participant)

THIS FORM MUST BE NOTARIZED USING THE NOTARIZATION FORM STATEMENT BELOW. It is required that with this release the enclosed statement be signed by each participant if they are 18 years of age or older, or by the participant's parent/guardian, if they are under 18 years of age. This statement indicates that the signatory has read and understands both the waiver and release statement and the instructions regarding "travel insurance" and their responsibilities in that regard.

State of _____)

County of _____)

This instrument was acknowledged before me this _____ day of _____ 20 ____
by _____.

NOTARY PUBLIC IN AND FOR
THE STATE OF _____.