

# **YWAM OUTREACH AUTHORIZATION FORM**

## **General Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Sex:  Male  Female Age: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you speak Spanish? \_\_\_\_\_ Fluency Level (1: Beginner --- 5: Native Speaker): \_\_\_\_\_  
Church/Group Name: \_\_\_\_\_ Outreach Dates: \_\_\_\_\_

## **Medical Information**

Insurance Provider: \_\_\_\_\_

**(Attach a copy of the medical insurance card, both front and back, to this form.)**

Does the participant have any allergies?  No  Yes If yes, please describe: \_\_\_\_\_

Is the participant currently taking any medication?  No  Yes If yes, please medication name & reason: \_\_\_\_\_

Is there anything else that we should regarding the participant and their ability to participate in this YWAM outreach? \_\_\_\_\_

## **Waiver and Release of Liability**

*I, the undersigned, 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 thereafter, collectively referred to as "YWAM representatives" harmless from any liability for injury to the participant while engaged in this activity and agree to indemnify and defend Youth With A Mission against such injury of 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 can, 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 conduct of the 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. 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 the health and well being of me, the participant. I agree to the performance of medical treatment, anesthesia and operation as, in the opinion of an attending physician, is deemed necessary.*

## **Authorization and Consent for Treatment**

I, the undersigned, have read the above Waiver and Release of Liability and agree to its provisions.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under 18 years of age) Relationship to Minor: \_\_\_\_\_