

Adult Authorization- Form 4a

One per Adult Participant, Photocopy as Necessary

General Information:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Medical information: (use back of sheet if additional space is needed)

Name of Medical Insurance Provider: _____

(Please provide a copy of the insurance card, front and back)

Are you allergic to any medication? (circle one) Yes No

If yes, please describe: _____

Are you currently taking any medication? (circle one) Yes No

If yes, please describe: _____

Date of last tetanus inoculation: _____

Has basic childhood series of tetanus shots been received? (circle one) Yes No

Waiver and Release of Liability

In consideration of Youth With A Mission Las Vegas, or Youth With A Mission – Nevada Inc., a nonprofit corporation. YWAM organizing, arranging and permitting me to attend and 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: _____ Date: _____ Relation to Minor: _____

Minor Authorization- Form 4m

One per Minor Participant, Photocopy as Necessary

General Information:

Minor's Name: _____ Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Church with which minor is attending our program: _____

Medical information: *(use back of sheet if additional space is needed)*

Name of Medical Insurance Provider: _____

(Please provide a copy of the insurance card, front and back)

Are you allergic to any medication? (circle one) Yes No

If yes, please describe: _____

Are you currently taking any medication? (circle one) Yes No

If yes, please describe: _____

Date of last tetanus inoculation: _____

Has basic childhood series of tetanus shots been received? (circle one) Yes No

Waiver and Release of Liability

In consideration of Youth With A Mission Las Vegas, or Youth With A Mission – Nevada Inc., a nonprofit corporation. YWAM organizing, arranging and permitting me to attend and 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: _____ Date: _____ Relation to Adult: _____