



Authorization Form – Minor

To be filled out by applicants under 18 and their legal guardian.

Applicant

Legal Name (as it will appear in your government issued ID) : _____

Address: _____ City: _____ State/Prov.: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Emergency Phone: _____

Applying for: _____ Dates: _____ to _____

Name of medical insurance provider: _____

Do you have any known health problems? (check one) Yes No If yes, please describe here: _____

Are you allergic to any medication? (check one) Yes No If yes, please describe here: _____

Are you taking any medication? (check one) Yes No If yes, please describe here: _____

Date of last tetanus inoculation: _____

Have the basic childhood series of three tetanus shots been given? (check one) Yes No

Do you have any special circumstances we should be aware of? _____

I certify that the above information is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program.

Signature _____ Date _____

Parent or Legal Guardian

Name: _____

Address: _____ City: _____ State/Prov.: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Emergency Phone: _____

Waiver and Release of Liability

In consideration of Youth With A Mission Louisville Inc., (operating as "YWAM Louisville" and "YWAM") organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or may accrue in the future against YWAM, its respective chapters (including YWAM Louisville), 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, damages and judgments (collectively the "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 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 and or the applicant now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, we are forever relinquishing those rights against YWAM or the YWAM Representatives. I acknowledge that no promises, representation, or affirmations of fact were made to me by YWAM or 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 participation 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 the applicants attendance at the event.

I give permission for the applicant to attend the YWAM function to which they are applying. In addition, I give permission for the applicant to receive emergency medical treatment deemed necessary by a physician during the course of the function/trip.

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

Parent/Legal Guardians Signature: _____ Date: _____

Relationship to the applicant: _____