



# Participant Form

Name of YWAM Program \_\_\_\_\_ Dates \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

## Participant

Full Legal Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_ Shirt Size \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

If necessary, are you able to walk 3-4 miles per day?  Yes  No

Are your Hepatitis A and Tetanus shots up to date?  Yes  No

Health Insurance Provider \_\_\_\_\_

Do you have any known allergies?  Yes  No (If yes, please specify) \_\_\_\_\_

Do you have any other health issues, medical conditions, or physical handicaps, or are you currently under a doctor's care for any condition?  Yes  No (If yes, please specify) \_\_\_\_\_

Are you taking any medication at this time?  Yes  No (If yes, please specify) \_\_\_\_\_

Do you have a history of emotional instability or psychiatric treatment?  Yes  No (If yes, please specify) \_\_\_\_\_

Please list any special circumstances or situations we should know about \_\_\_\_\_

## Participant's Parent/Legal Guardian (If under 18):

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  Home  Cell  Work

## Emergency Contact

Name(s) \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Phone ( ) \_\_\_\_\_  Home  Cell  Work Additional ( ) \_\_\_\_\_

## Passport Information (International Trips Only)

Do you have a passport?  Yes  No *\*You must have a passport if your outreach is outside the country. It typically takes 6 to 8 weeks to get a new passport.*

Passport # \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_



## Participant Form (Liability Release)

In consideration of Youth With A Mission Louisville Inc., (operating as "YWAM Louisville" and "YWAM") organizing, arranging and permitting me and/or the applicant to attend and participate in the event, I/we hereby waive all rights which I/we 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/we 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/we, 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/we 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, I/we are forever relinquishing those rights against both YWAM and the YWAM Representatives. I/we 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. I/we acknowledge I/we are personally responsible for all financial obligations I/we incur as a result of attending the event at Youth With A Mission Louisville. I/we affirm that I/we have read and understand the forgoing provisions of this waiver and release of liability and accept all the terms of this waiver and release of liability as a condition to the applicants attendance at the event.

I/we certify that the information I/we have provided is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules and schedule of the program. I give permission for the applicant (in the case of a minor applicant) to attend the YWAM function to which they are applying.

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

\_\_\_\_\_  
Participant's Parent/Guardian Signature (if participant is under 18) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Relationship to Participant

## Consent for Treatment

In the event of an emergency, I/we hereby give permission for transport to a medical facility and I/we hereby agree to the performance of such treatment, anesthetics, and operations as the opinion of the attending medical professional(s) deems necessary for the participant named below.

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

\_\_\_\_\_  
Participant's Parent/Guardian Signature (if participant is under 18) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Relationship to Participant