

# General Information & Authorization Form

Please return this form with your \$100.00 deposit to:

**Youth With A Mission:**

**15850 Richardson Springs Road**

**Chico, California 95973**

**(530) 893-6750 Ext. 204 or (800) 841-0739 Ext. 214**

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Prov. \_\_\_\_\_

\_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Male Female

Age \_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary phone where you can be reached: (\_\_\_\_) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Do you speak Spanish? \_\_\_\_ Specific professional skills \_\_\_\_\_

Outreach to: Orphanage House Building

Dates: from \_\_\_\_\_ to \_\_\_\_\_ Year \_\_\_\_

## **Medical Information:**

Insurance Provider \_\_\_\_\_ (Attach a copy of your medical insurance card -front and back - to this form.)

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

If yes, please describe \_\_\_\_\_

Are you taking any medication? (Circle one) Yes No

If yes, please describe \_\_\_\_\_

## **Waiver and Release of Liability**

*I, the undersigned participant, 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, hereafter collectively referred to as "YWAM representatives" harmless from any liability for injury to me the participant, while engaged in this activity and agree to indemnify and defend Youth With A Mission against such injury to me 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 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 my conduct as a 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.*

***Authorization and Consent for Treatment***

*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 my health and well being as a participant. I agree to the performance of medical treatment, anesthesia and operation as, in the opinion of an attending physician, is deemed necessary.*

**I, the undersigned, have read the above Waiver and Release of Liability and Authorization and Consent for Treatment and agree to their provisions.**

Participant's signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's signature (if participant is under 18) \_\_\_\_\_