

Minor Authorization

Minor's Name: _____
Parent/Guardians Name _____ Phone _____
Emergency Contact: _____ Phone _____
Church with which minor is attending our program: _____

Waver and Release of Liability

In consideration of Youth With A Mission Salem, a nonprofit corporation, YWAM organizing, arranging and permitting my child to participate in this event. I hereby wave 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 judgements (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 waver 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 of Applicant _____ Date _____
Relation to Adult: _____