

OUTREACH AND 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 1- (800) 841-0739 Ext. 204

General Information

Name _____ Email Address: _____

Address _____ City _____ State/Prov. _____ Zip/Postal Code _____

Day Phone _____ Evening Phone _____ Male _____ Female _____ Age _____

In an Emergency contact: _____ Phone: _____ Do you speak Spanish? _____

What Specific Professional Skills Do you Have? _____

Outreach Location: Orphanage _____ House Building _____ Dates _____ to _____ Yr _____

Medical Information

Insurance Provider _____

(Attach a copy of the medical insurance card, both front and back, to this form.)

Is the participant allergic to any medication? (Circle one) Yes No

If yes, please describe _____

Is the participant taking any medication? (Circle one) Yes No

If yes, please describe _____

Waiver and Release of Liability

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

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

Authorization and Consent for Treatment

I, the undersigned, have read the above Waiver and Release of Liability and agree to it's provisions.

Participant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

(If participant is under 18 years of age) Relationship to Minor _____