Authorization Form

General Information

Name: _____
Address: _____ City: _____ State: _____ Zip: ___
Day Phone: _____ Evening Phone: _____ Emergency #: _____
Location: _____ Dates: _____ to _____

Medical Information

Name of medical insurance provider:
*** (Please supply a copy of the medical insurance card, both front and back).

Are you allergic to any medication? Y N If yes, please describe here: _____

Are you taking any medication? Y N If yes, please describe here: _____

Date of last tetanus inoculation: _____

Has basic childhood series of three tetanus shots been given? Y N

Waiver and Release of Liability

In consideration of Youth With A Mission Jacksonville Inc., (YWAM) organizing, arranging and permitting me to attend and participate in the event, I hereby waive 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, damages and judgements (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 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 waiver and release of liability, my spouse and I are forever relinquishing those rights against YWAM or the YWAM Representatives. I acknowledge that no promises, representation, or affirmations or 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 foregoing 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 (For Adults and Minors)

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

_____ _____
Applicant's Signature Date

I give permission for my son/daughter to attend the above YWAM function. I have read the above waiver and release of liability and agree to its provision. In addition, I give permission for my son/daughter to receive any medical treatment deemed necessary by a physician.

_____ _____
Parent/Guardian Signature (If applicant is under 18) Date Relationship to Applicant