

AUTHORISATION FORM

18+

Name: _____ Date of birth: _____
Address: _____ Town/City: _____
Day Phone: _____ Evening Phone: _____ Emergency Phone: _____
Outreach Destination: _____ Dates: _____ to _____

Medical Information

Do you have any existing medical conditions? No Yes (please specify) _____

Are you taking any medications? No Yes (please specify) _____

Are you allergic to any medications? No Yes (please specify) _____

Do you have any food allergies or dietary requirements? No Yes (please specify) _____

Date of last tetanus immunisation _____ Name of travel insurance provider _____

Waiver And Release Of Liability

In consideration of Youth With A Mission New Zealand Inc. non-profit corporation (YWAM) organising, arranging, and permitting me to 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 judgments (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 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 travelling to the event or participating in any activity, academy, event or outing related to, associated with or connected in anyway 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.

Authorisation And Consent For Treatment

I have read the above waiver and release of liability and agree to its provisions. In addition, I give permission for myself to receive any medical treatment deemed necessary by a physician.

Signature: _____ Date: _____