



STEPS OF JUSTICE

Name: _____ Date of birth: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Outreach Destination: _____ Dates: _____

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 (YWAM) and its representatives organising, arranging, and permitting me to participate in the event, I hereby acknowledge that there are inherent dangers and risks, and that while YWAM will use a high degree of care in ensuring the safety and welfare of participants, it will not accept liability for loss, injury or damage sustained by a participant in circumstances where such an event could not have been avoided by the exercise of reasonable care. While YWAM and its representatives will take all practicable steps to identify and minimise potential dangers, I acknowledge that participants must follow given instruction at all times. I release and indemnify YWAM and its representatives against any liability they incur to anyone else, resulting from a participant's failure to follow instruction.

Authorisation

I willingly accept the risks associated with overseas travel in agreeing to attend the above YWAM function. I have read, understood and accept the above Waiver and agree to its provisions. I agree that this Waiver will be binding upon my heirs, next of kin, executors, administrators and successors.

Signature: _____ Date: _____