

Authorization Form (Minor)

Form 4

(Minor- Under Age 18)

General Information

Last Name: _____ First: _____

Address: _____ City: _____ State: _____ Zip _____

Day Phone: _____ Evening Phone: _____

Emergency Phone: _____ Dates of Outreach: June 14-23

Email Address: _____

Waiver and Release of Liability

In consideration of Youth With a Mission Panama, (YWAM) organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may have now 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 actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages, and judgments (collectively called "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors 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 available to me now or in the future as a result of Losses or Claims, and that executing this waiver and release of liability, my spouse and ever relinquishing those rights against YWAM and the YWAM Representatives. I acknowledge that no promises, representations, or affirmation of fact were made to me by YWAM or the YWAM Representatives concerning to 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 give permission for my son/daughter to attend the above YWAM function. In addition, I give permission for my son/daughter to travel to Panama. I have read the above waiver, release of liability, and agree to its provisions. In addition, I give permission for my son/daughter to receive any medical treatment deemed necessary by a physician.

Signature: _____ Date: _____

AIRLINE CONSENT

Form 6

(Minor- Under Age 18)

General Information

Last Name: _____ First: _____

Address: _____ City: _____

State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Emergency Phone: _____ Emergency Contact: _____

Departure Date: June 14 Return Date: June 23

Name of Airline: American Airlines

Trip Chaperones: Jeff Davidson, Dave Wellman, Jen Wellman, Rob Klawitter, Aerial Hammaker
Amy Nielsen, Carolyn Boyer

Authorization and Consent for Treatment

I give permission for my son/daughter to travel to and from the nation of Panama with the above stated chaperones.

Signature of Mother (or Female Guardian): _____ Date: _____

Signature of Father (or Male Guardian): _____ Date: _____

Stamp and Signature of Licensed Notary Agent: