Youth With A Mission Las Vegas

Waiver of Liability & Consent for Treatment

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ _____ _____
Day Evening Emergency

Activity: _____ Location:_____ Dates:_____ to _____

Medical Information

(These questions give us information we must know should you have to go to the hospital. Please be accurate and specific.)

1. From what company do you have medical insurance? _____

2. Please supply a copy of your medical insurance card (front and back).

3. Are you allergic to any medication? (i.e. penicillin, sulfa, etc.)? _____

_____

4. Are you currently taking any medication? Yes No

If so ,what kind?_____ For what reason?_____

5. Date of last Tetanus inoculation? _____

6. List any and all allergies to medication, food, etc. If, none please write 'none'. _____

_____

Emergency Information

Please complete the following so that we can have up to date information in case of an emergency situation.

Name: _____

Home Address: _____

Home Phone Number: _____ Date of Birth: _____

Emergency Contact's name, phone number and relationship to yourself. _____

_____

Waiver of Liability

The undersigned does hereby consent to taking part in noted activity organized by Youth With A Mission - Las Vegas (herein referred to as YWAM), a religious non-profit corporation, with full understanding insofar as such activity will involve missions and sporting activity and mingling with other individuals and groups, that there is always the risk of injury, illness, loss and consequent expense for medical, diagnostic and curative treatments, and incidental loss and expense, and the undersigned does for him/herself assume the risk of such expense, does wholly release YWAM from responsibility or liability, and waives any claims or causes of actions against it, its agents, employees, or volunteer assistants that might arise on account of loss, injury or expense occasioned by any sort of accident or other circumstance involving him/herself, and agrees to hold harmless YWAM in event any such claim should arise; *and* the undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by YWAM and its agents, and does hereby authorize YWAM or its staff members or other agents to arrange for and consent to X-ray examinations, anesthetic, dental, medical, or surgical diagnosis, and treatment, and hold harmless YWAM from any such. The undersigned will furnish payment or insurance for any such payment, at his or her own expense.

Authorization

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

Signature: _____ **Date:** _____