

CONSENT FOR TREATMENT & LIABILITY RELEASE FORM

APPLICANT NAME: _____

CONSENT FOR TREATMENT

I/we hereby agree to the performance of such treatment, anesthetics, and operations as the opinion of the attending physician is deemed necessary on the above-named person.

Applicant's signature

Parent/guardian signature (for applicants under 18)

Date

Date Relationship to applicant

LIABILITY RELEASE

I/we hereby release YOUTH WITH A MISSION, INC., it's agents, employees, and volunteer assistants from ay liability whatsoever arising out of any injury, damage, or loss which may be sustainer by said person during the course of involvement with YOUTH WITH A MISSION, INC. I/we agree to resolve any and all disputes with YOUTH WITH A MISSION, it's directors or staff by means of reconciliation or arbitration; and waive any right to pursue action by way of litigation.

Applicant's signature

Parent/guardian signature (for applicant's under 18)

Date

Date Relationship to applicant

LEGAL CONSENT FOR MINORS

I hereby give my consent for _____ to travel outside of the
(Complete name of minor)
United States of America with YOUTH WITH A MISSION.

Signature of parent/guardian

Date