

Release of Liability

I/We do hereby release Youth With A Mission, Lebanon, PA., its agents, employees and volunteer assistants from liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvements with Youth With A Mission.

Applicant's Signature

Date

Parent/Guardian Signature

If applicant is under 18 years of age.

Relationship

Date

Consent For Treatment

In case of emergency, I/We do hereby agree to the performance of such treatment, including anesthetics and surgery, as the attending physician may deem necessary.

Applicant's Signature

Date

Parent/Guardian Signature

If applicant is under 18 years of age.

Relationship

Date

Applicant's Name Printed

Parent/Guardian's Name Printed

In Case of Emergency

Please Contact _____

Last

First

Preferred Name

Middle

Current Street Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ E-mail _____