

**Please designate a group leader from your church or organization. The group leader will be responsible to oversee the application process and will be the official “point person” to communicate with YWAM staff before and during the outreach.**

Church / Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Phone \_\_\_\_\_

Group Leader : \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Phone \_\_\_\_\_ Email address: \_\_\_\_\_

What outreach location are you applying to? \_\_\_\_\_

The group application includes:

- This cover page.
- A participant list to be filled out by the group leader. Please note that by listing people on the participant list you are indicating to us that you not only recommend them for this outreach but that you agree to offer general leadership to them within the context of the outreach. Please only list people that you believe are:
  - 1.) Christians living under the lordship of Jesus.
  - 2.) Physically and emotionally suited for this outreach.
  - 3.) Willing to listen to and follow instructions.
- A simple one-page authorization form to be filled out and signed by each person attending.
- A travel consent form to be filled out on behalf of any minors traveling internationally without both of their parents. Keep these consent forms with you while you travel – you do not need to send it to us. This form is not required for outreaches that will be entirely in the United States.
- The non-refundable group application fee is \$100 (or \$25 per person for groups under 5 people) and should be submitted with the completed application forms. All fees should be processed through your church or organization and ONE CHECK should be sent to YWAM.



**To be filled out on behalf of those under age 18 who are traveling outside of the United States.**

In order for a minor to travel internationally, this form must be completed in its entirety. If this form is not properly completed, the individual below will not be able to travel internationally. This is strictly enforced.

This form must be signed by both parents or guardians. This includes separated or divorced parents in which case the participant will also need a notarized copy of the custody papers. If a parent is deceased a certified copy of that parent's death certificate would be needed. In the case of legal guardianship with other than natural parents, the legal guardians must sign and also provide certified copies of the guardianship decree. These are federal regulations and are for your protection.

This form is to inform and assure international authorities that the group leader is not taking minors out of the United States without parental consent. The participant should take this form to the airport and have it available with his or her passport.

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I, \_\_\_\_\_ and \_\_\_\_\_  
(1st guardian's name) (2nd guardian's name)  
give permission for \_\_\_\_\_, a minor, to travel outside of the United States  
under the supervision of \_\_\_\_\_ for the dates of \_\_\_\_\_ .  
(group leader)

**THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY TO BE VALID**\_\_\_\_\_  
(signature of parent or guardian)\_\_\_\_\_  
(signature of parent or guardian)\_\_\_\_\_  
(date)\_\_\_\_\_  
(date)\_\_\_\_\_  
(signature of Notary Public)\_\_\_\_\_  
(date)

(Notary public seal must appear on this form)



Authorization Form Adult

Applicant

Legal Name (as it will appear in your government issued ID) : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Applying for: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Name of medical insurance provider: \_\_\_\_\_

Do you have any known health problems? (check one) Yes No If yes, please describe here: \_\_\_\_\_

Are you allergic to any medication? (check one) Yes No If yes, please describe here: \_\_\_\_\_

Are you taking any medication? (check one) Yes No If yes, please describe here: \_\_\_\_\_

Date of last tetanus inoculation: \_\_\_\_\_

Have the basic childhood series of three tetanus shots been given? (check one) Yes No

Do you have any special circumstances we should be aware of? \_\_\_\_\_

I certify that the above information is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Waiver and Release of Liability

In consideration of Youth With A Mission Louisville Inc., (operating as "YWAM Louisville" and "YWAM") organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or may accrue in the future against YWAM, its respective chapters (including YWAM Louisville), 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 YWAM and the YWAM Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with travel to, attendance at or participation in YWAM events.

I acknowledge that certain legal rights against YWAM or the YWAM Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, I am forever relinquishing those rights against YWAM or the YWAM Representatives. I acknowledge that no promises, representation, or affirmations of fact were made to me by YWAM or YWAM Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participation 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 the applicants attendance at the event.

I have read the above Authorization, Consent, Waiver and Release of Liability and agree to its provisions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



To be filled out by applicants under 18 and their legal guardian.

Applicant

Legal Name (as it will appear in your government issued ID) :

Address: City: State/Prov.: Zip:

Day Phone: Evening Phone: Emergency Phone:

Applying for: Dates: to

Name of medical insurance provider:

Do you have any known health problems? (check one) Yes No If yes, please describe here:

Are you allergic to any medication? (check one) Yes No If yes, please describe here:

Are you taking any medication? (check one) Yes No If yes, please describe here:

Date of last tetanus inoculation:

Have the basic childhood series of three tetanus shots been given? (check one) Yes No

Do you have any special circumstances we should be aware of?

I certify that the above information is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program.

Signature Date

Parent or Legal Guardian

Name:

Address: City: State/Prov.: Zip:

Day Phone: Evening Phone: Emergency Phone:

Location: Dates: to

Waiver and Release of Liability

In consideration of Youth With A Mission Louisville Inc., (operating as "YWAM Louisville" and "YWAM") organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may now have or may accrue in the future against YWAM, its respective chapters (including YWAM Louisville), 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 YWAM and the YWAM Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with travel to, attendance at or participation in YWAM events.

I acknowledge that certain legal rights against YWAM or the YWAM Representatives may be available to me and or the applicant now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, we are forever relinquishing those rights against YWAM or the YWAM Representatives. I acknowledge that no promises, representation, or affirmations of fact were made to me by YWAM or YWAM Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participation 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 the applicants attendance at the event.

I give permission for the applicant to attend the YWAM function to which they are applying. In addition, I give permission for the applicant to receive emergency medical treatment deemed necessary by a physician during the course of the function/trip.

I have read the above Authorization, Consent, Waiver and Release of Liability and agree to its provisions.

Parent/Legal Guardians Signature: Date:

Relationship to the applicant: