



Youth With A Mission
Ozarks

www.ywamozarks.com

Please return this form to:
YWAM Ozarks
7119 Mountain View Dr.
Ozark, AR 72949
USA

Phone: 1-479-667-1152
Email:

Release Form

Release of Liability

I/we do hereby release Youth With A Mission, its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth With A Mission.

Applicant's Full Name _____

Applicant's Signature _____ Date _____

Signature of Parent/Guardian if the applicant is under 18 years of age

Parent/Guardian Name _____ Relationship _____

Parent/Guardian Signature _____ Date _____

Consent for Treatment

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary.

Applicant's Signature _____ Date _____

Signature of Parent/Guardian if the applicant is under 18 years of age

Parent/Guardian Name _____ Relationship _____

Parent/Guardian Signature _____ Date _____

I declare that the contents of this application form are correct to the best of my knowledge.

Applicant's Signature _____ Date _____