

**Youth With A Mission El Paso-Juarez
LIABILITY RELEASE FORM**

This form is to be filled out and NOTARIZED.

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Phone: _____

Medical Insurance Company Name: _____

Address: _____

Phone No: _____ Policy No: _____

IN CANADA: Provincial Health Insurance No: _____

(If you are over 18)

I, _____, (print name) hereby release Youth With a Mission and their agents, employees, and volunteer assistants from any liability whatsoever arising out of any sickness, injury, damage, or loss which I might sustain arising out of my involvement with Youth With A Mission training school and/or any other Youth With A Mission short term activity, involving my participation in, _____ (name activity and destination), from on or about _____ (m/d/y) to _____ (m/d/y). In case of an emergency, I hereby authorize the Youth With A Mission Representative and or my team leadership, to act on my behalf, including giving consent for any medical treatment the attending physician(s) deem to be necessary.

*Signed: _____ Date: _____

Name Printed: _____

(If you are under 18)

I/we, _____, the parent(s)/guardian(s) of _____ give permission for my son/daughter to be involved with a Youth With A Mission training school and/or other Youth With A Mission short term service, which includes _____ (name activity and destination) from on or about _____ (m/d/y) to _____ (m/d/y). I/We hereby release Youth With A Mission and their agents, employees, and volunteer assistants from any liability whatsoever arising out of any sickness, injury, damage, or loss which my son/daughter might sustain arising out of his/her involvement with the aforementioned Youth With A Mission training school and/or Youth With A Mission short term activities. I also agree that in case of an emergency, my son's/daughter's Youth With A Mission Team Representative and or Team leadership, is authorized to act on his/her behalf including giving consent for any medical treatment the attending physician(s) deem to be necessary.

*Signed: _____ Date: _____

Name Printed: _____

***THIS FORM MUST BE NOTARIZED USING THE NOTARIZATION FORM STATEMENT BELOW!** It is required that with this release the enclosed statement be signed by each participant if they are 18 years of age or older, or by the participant's parent/guardian, if they are under 18 years of age. This statement indicates that the signatory has read and understands the instructions regarding "travel insurance" and their responsibilities in that regard.

State of _____)

)

County of _____)

)

This instrument was acknowledged before me this _____ day of _____ 20____, by _____.

NOTARY PUBLIC IN AND FOR THE _____ STATE OF _____