

Required Forms

For all Participants

To Youth Group Leaders:

Please Print a Copy of Pages 2-3 for each participant in your group. Once each of your team members fills out the document, please collect them and send a copy of the finished documents to missionadventures@ywamwylie.org, and bring the originals with you to hand in when you arrive.





P.O. Box 2787 Wylie, TX 75098 · (972) 429-9278 · info@ywamwylie.org

Liability Release

I/we hereby release YWAM Wylie/YOUTH WITH A MISSION South Dakota, INC., its agents, employees, and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss with may be sustained by the undersigned (applicant) during the course of involvement with YOUTH WITH A MISSION, INC.

Name: _____

Signature: _____

Date: _____

If participant is under the age of 18:

Name of Parent/Guardian _____

Signature: _____

Date: _____

Consent for Treatment

In the event of injury or illness of the undersigned (applicant) while in association with YWAM Wylie/Youth With a Mission South Dakota Inc., I/we hereby agree to the performance of such treatment, anesthetics, and operations as, in the opinion of the attending physician, is deemed necessary.

Name: _____

Signature: _____

Date: _____

If participant is under the age of 18:

Name of Parent/Guardian _____

Signature: _____

Date: _____



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Right to Publish Agreement

I hereby authorize Youth With a Mission, South Dakota, Inc (YWAM Wylie) the irrevocable and unrestricted right to use and publish quotes, videos, and/or photographs of me/my children or taken by me/my children to which I/they may be included in any editorial, advertising, or other medium at the sole discretion of YWAM Wylie without restrictions. I/We understand that publication may be accomplished electronically via the internet, and that after publication, YWAM Wylie will not be able to prevent persons from gaining access to the internet, copying my/their photographs and video, and subsequently using, altering, or republishing it without my/our consent. This consent and waiver will continue in full force and effect until terminated in writing by me to YWAM Wylie.

Date: _____

Name: _____

Signature: _____

If participant is under the age of 18:

Name of Parent Guardian: _____

Signature of Parent Guardian: _____

Background Check Consent (For Adults Only)

If you are 18 years old or above, we will need to run a current background check on you. You can send us a copy of yours or we can run background checks for you through Ministry Safe for \$10. If you are coming as a minor, you do not need to fill out this part of the form.

Please print the following information clearly.

First Name: _____

Last Name: _____

Email Address: _____

I give Youth With A Mission Wylie permission to do background checks on me.

Signature: _____

Date: _____