



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

Mission Adventures Participant Form

Name of YWAM Program _____ Dates ____/____/____ to ____/____/____

Participant

Full Legal Name _____

Preferred Name _____ Gender _____ Shirt Size _____ Birth Date ____/____/____

Address _____ City _____

State _____ Zip _____

Email _____ Cell Phone () _____

Health

If necessary, are you able to walk 3-4 miles per day? ☐ Yes ☐ No

Health Insurance Provider _____

Insurance Policy Number _____

Do you have any known allergies? ☐ Yes ☐ No Please specify: _____

Do you have any other health issues, medical conditions, or physical handicaps, or are you currently under a doctor's care for any condition? ☐ Yes ☐ No (If yes, please describe) _____

Are you taking any medication at this time? ☐ Yes ☐ No (If yes, please specify) _____

Do you have a history of emotional instability or psychiatric treatment? ☐ Yes ☐ No (If yes, please describe) _____

Please list any special circumstances or situations we should know about: _____

Applicant's Parent(s)/Legal Guardian(s)

Full Name(s) _____

Address _____ City _____

State _____ Zip _____ Phone () _____ ☐ Home ☐ Cell ☐ Work

Emergency Contact

Name(s) _____ Relationship to Participant _____

Phone () _____ ☐ Home ☐ Cell ☐ Work Additional () _____



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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: _____

↓ Please read and sign the following pages in the presence of a notary ↓



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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.

____ (Initial) I have read, understand and agree to abide by the processes and principles laid out above.

If participant is under the age of 18:

____ (Parental Initial) I have read, understand and agree to abide by the processes and principles laid out above.

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.

____ (Initial) I have read, understand and agree to abide by the processes and principles laid out above.

If participant is under the age of 18:

____ (Parental Initial) I have read, understand and agree to abide by the processes and principles laid out above.

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.

____ (Initial) I have read, understand and agree to abide by the processes and principles laid out above.

If participant is under the age of 18:

____ (Parental Initial) I have read, understand and agree to abide by the processes and principles laid out above.



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I confirm that I have read this document and I fully understand its content.

Print Name

Signature

Date

Name of Parent Guardian (if participant is under the age of 18): _____

Signature of Parent Guardian: _____

Date: _____

THIS FORM MUST BE NOTARIZED

State of _____, ss. County of _____.

Before me, the undersigned, a Notary Public in and for the said County and State,
_____, personally appeared the identical person who executed the
within and forgoing instrument, and acknowledged to me that he/she executed the same as his/her free
and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of
office the day and year above written.

Notary: _____

My commission expires: ____/____/____

