

**This is the Information Packet for your Mexico Adventure.**  
**You may print the following form and mail it to us or you may go to the following**  
**<http://ywamchico.com/mexico-adventures/> and submit your application directly and effortlessly.**

### **General Information & Authorization Form**

**Please return this form with your \$100.00 deposit to:**

**Youth With A Mission: 15850 Richardson Springs Road, Chico, CA 95973**  
**(530) 893-6750 Ext. 214 or (800) 841-0739 Ext. 214**

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Male ☐ Female ☐

Age \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary phone where you can be reached: (\_\_\_\_) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Do you speak Spanish? \_\_\_\_\_ Professional skills \_\_\_\_\_

Outreach dates: From March 24 to March 30 Year 2024 **HOUSE BUILDING**

Medical Information: Insurance Provider \_\_\_\_\_ (Attach copy of med card - front and back)

Are you allergic to any medication? (Circle one) Yes - No

If yes, please describe \_\_\_\_\_

Are you taking any medication? (Circle one) Yes - No

If yes, please describe \_\_\_\_\_

#### **Waiver and Release of Liability**

I, the undersigned participant, have been advised of the nature of the activities that may take place during the Outreach and represent to you that I, the participant, am physically and mentally able to participate in those activities. I understand that the activity does present a possible risk of injury. I represent to you that I, the participant, assume the risk of any such injury and hold Youth With A Mission including each of their staff members, agents, and volunteer workers, hereafter collectively referred to as "YWAM representatives" harmless from any liability for injury to me the participant, while engaged in this activity and agree to indemnify and defend Youth With A Mission against such injury to me the participant. I, the undersigned, hereby release Youth With A Mission representatives and staff from, and agree to indemnify and hold them harmless from and against all liability for any actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages, and judgments, collectively known as "Losses and Claims", which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors, and assignees ever had, now have or hereafter shall or may have resulting from or arising in connection with my travel to, attendance at or participation in the Youth With A Mission outreach.

I also hold Youth With A Mission harmless from all liability to any other person or entity arising as a result of my conduct as a participant in this activity and agree to defend and indemnify Youth With A Mission against any claim or liability arising as a result of such conduct.

#### **Authorization and Consent for Treatment**

Youth With A Mission and/or its staff members or volunteer workers, is hereby authorized on my behalf to arrange for any medical and hospital treatments as may be deemed advisable for my health and well being as a participant. I agree to the performance of medical treatment, anesthesia and operation as, in the opinion of an attending physician, is deemed necessary.

I, the undersigned, have read the above Waiver and Release of Liability and Authorization and Consent for Treatment and agree to their provisions.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parents or Guardian must sign the, Minor Consent Form - following page - to authorize the participation of minors, (under 18 years of age).

# Youth With A Mission

15850 Richardson Springs Rd. Chico, CA 95973

Tel. 530-893-6750 or 800-841-0739 ext 214

website: [www.ywamchico.com](http://www.ywamchico.com) e-mail: [sto@ywamchico.com](mailto:sto@ywamchico.com)

Federal Tax I.D. # 95-2500089

## MINOR CONSENT FORM

Minors may participate in an outreach sponsored by Youth With A Mission Chico – Springs of Living Water ("YWAM") provided:

- That minors are accompanied by both parents or that this, Minor Consent Form, is signed by the non traveling parent.
- That minors who are between the ages of 14 and 17 are accompanied by a legal guardian\* (see below) or that they travel under the care of YWAM, which may, after careful consideration, agree to serve as legal guardian\* for the minor child.
- That minors who are 13 years of age and younger are accompanied by their own parent(s) (see above) or legal guardian\* other than YWAM.
- That in every case the legal guardian\* is authorized by BOTH parents, who will both be required to indicate their consent by signing this, Minor Consent Form, in the presence of two witnesses.

*\*A legal guardian is one who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person. This includes, but is not limited to having the legal authority to request and authorize medical care for the person for whom the guardian is responsible.*

***This, Minor Consent Form, must be signed by both parents in the presence of two witnesses.***

I, \_\_\_\_\_ and I, \_\_\_\_\_  
name of parent name of parent

give permission to \_\_\_\_\_ to take our child(ren) \_\_\_\_\_  
name of guardian

\_\_\_\_\_  
full legal name and date of birth of minor child(ren)

to Mexico on an outreach sponsored by YWAM. Our child(ren) will return to the United States on \_\_\_\_\_.

parent: – please print and sign name \_\_\_\_\_ date \_\_\_\_\_

parent: - please print and sign name \_\_\_\_\_ date \_\_\_\_\_

witness: please print and sign name, and provide tel. number \_\_\_\_\_ date \_\_\_\_\_

witness: please print and sign name, and provide tel. number \_\_\_\_\_ date \_\_\_\_\_