

Youth With A Mission Santa Cruz

Hear. Send. Go.



Liability Form

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 or Guardian if the applicant is under 18 years of age.

Parent/
Guardian _____ Date _____

Relationship _____

Release of Liability

I/we do hereby release Youth With A Mission, Inc. 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 Signature _____ Date _____

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

Parent/Guardian _____ Date _____

Relationship _____

Financial Commitment

I certify that all the information in this application is complete and accurate.

I understand that payment of the required school tuition fees must be made prior to or upon my arrival unless otherwise approved by the School Director before my departure to Santa Cruz, California. Further, I agree to meet in a timely manner -- prior to the completion of the school -- all personal expenses incurred during my involvement with the Youth With A Mission training program. I also understand that if for any reason I am unable to complete the school, the following refund policies apply: If I withdraw **before** the end of the fifth week I will be given a pro-rated refund. If I leave **after** the fifth week I forfeit any right to a refund.

Last but not least, if I am accepted into the YWAM training program, I will abide by the Spirit, rules and schedule of the school.

Signature _____ Date _____