

YWAM MOMBASA RELEASE OF LIABILITY FORM

I waive any right I have to read or obtain copies of my references knowing that this waiver is NOT required as a condition for acceptance

Signature.....

Release of Liability

Date.....

I do hereby release Youth with a Mission Ltd, its staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself during the course of my involvement with Youth with a Mission Kenya.

Applicants Signature..... Date.....

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

Name (in capitals)
First name Middle name Last/family name

Signature of parent/guardian.....

Consent for Treatment

Relationship to the applicant..... Date.....

In case of emergency where I am either sick, injured or urgently require medical attention, I hereby give the YWAM base leader Fridah Kambura, or any member of the leadership team (YWAM identity card will be shown) the authority to make any decision concerning my immediate treatment including anesthesia, medication and surgery, as the attending doctor or physician may deem necessary or until such time as I am able to make the decision for myself.

Applicants Signature..... Date.....

Signature of parent or guardian is required if the applicant is under 18 years of age.

Name (in capitals)
First name Middle name Last/family name

Signature of parent/guardian.....

Consent for burial

Relationship to the applicant..... Date.....

In case of death whilst here in Mombasa, I hereby agree to release Youth With A Mission from all financial obligations. Should death occur whilst I am with YWAM Mombasa, my family/next of kin will be advised as soon as practicable and they will incur all costs of transport and burial etc. Please indicate your preference for burial.

Burial in Mombasa..... Burial in my place/country of origin.....

Applicant's signature Date.....

Name of next of kin /family member - (please write in capitals)
First name Middle name Last/family name

Contact Address.....

Next of Kin to fill in their name and signature as agreement to the above

Name (in capitals)..... Relationship to the applicant.....
First name Middle name Last/family name

Signature of next of kin..... Date.....

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

Signature..... Date.....

Please give us the names and addresses of the two referees you have chosen.

1) Name..... Relationship to you i.e. Pastor.....

Contact Address.....

Telephone/Mobile..... E mail.....

2) Name Relationship to you i.e. friend/family member/colleagueContact Address

Telephone/Mobile..... E mail.....