

YWAM Virginia

Lose Your Fear....Find Your Call

Name:

Address:

Email:

Phone Number:

Date of Birth:

Gender: Male or Female

T-Shirt Size:

Emergency Contact:

Name:

Phone Number:

Name:

Phone Number:

Please include 2 names and phone numbers for emergency contact.

CONSENT: By my signature affixed below I certify that I am fully aware there are inherent risks, dangers and hazards involved in the participating in the Youth With a Mission Virginia activities including the Summer Missions Trip and the Richmond Ropes Challenge Course. I certify that my participation in these activities and Challenge Course is entirely voluntary. I certify that I am not under the influence of ANY chemical substance including alcohol.

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN YOUTH WITH A MISSION VIRGINIA ACTIVITIES AND THE RICHMOND ROPES CHALLENGE COURSE, I ASSUME AND ACCEPT ANY AND ALL RISKS, HAZARDS, AND DANGERS ASSOCIATED WITH SUCH ACTIVITIES AND ACCEPT ANY AND ALL RISK OF INJURY, PARALYSIS OR DEATH. I, for myself, my heirs, successor, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE, RELEASE, INDEMNIFY AND HOLD HARMLESS Youth With a Mission/University of the Nations, Virginia, it's members, manager, officers, agents, employees, and volunteers (the "Releasees"), from all liability to the undersigned for any and all loss, claim or damages resulting there from, on account of injury to me or my property, even injury resulting in death, while participating in Youth With a Mission Virginia activities and the Richmond Ropes Challenge Course. This release and waiver is complete as it is my intent to hold harmless and indemnify Releasees for any injury that might result while participating in Richmond Ropes Challenge Course.

Signature: _____ Date: _____