



YWAM HEREDIA, COSTA RICA MEDICAL RELEASE & CONSENT FORMS

MEDICAL RELEASE AND CONSENT FORMS

NAME OF THE TEAM:

DATES OF OUTREACH:

NAME OF TEAM MEMBER:

RELEASE AGREEMENT

I/We do hereby release Youth With A Mission, Costa Rica, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss, which may be sustained by the applicant during the course of involvement with Youth With A Mission / Juventud Con Una Misión Heredia, Costa Rica.

Participant's signature

Date

If the participant is under 18 years of age, signature of parent or responsible party is required.

Signature

Date

CONSENT FOR TREATMENT

In case of accident or serious illness, I/We hereby agree to the performance of such treatment, anesthetics and procedures as deemed necessary in the opinion of the attending physician.

Participant's signature

Date

If the participant is under 18 years of age, signature of parent or responsible party is required.

Signature

Date

STATEMENT OF CONSENT

If accepted I will abide by the spirit and guidelines of Youth with a Mission Heredia, Costa Rica.

Signed

Date