



เยาวชนประเทศไทย
Youth With A Mission
Thailand

Foundations for Counseling Ministry (FCM)

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RELEASE FORM

PERSONAL INFORMATION

Full Name: _____

Phone Numbers: _____ Daytime _____ Evening _____ Email: _____

Home Address: _____
Street / P.O. Box _____ City _____ Prov./State _____ Postal (Zip) Code _____

Country _____ Sex: _____ Age: _____ Birth date: _____ Day/Month/Year _____ Height: _____ Weight: _____

Health and Accident Insurance Coverage Policy Information (Mandatory): _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____ Relationship to applicant: _____

Address _____
Street / P.O. Box _____ City _____ Prov./State _____

Postal (Zip) Code _____ Country _____ Daytime Phone _____ Evening Phone _____ Email _____

MEDICAL RELEASE/CONSENT FOR TREATMENT

I hereby grant permission for the performance of any emergency medical treatment that may be required in case of any accident or illness wherein I am rendered unconscious or unable to approve the required treatment.

Applicant's Signature: _____ Date: _____
Signature _____ Day/Month/Year _____

If the applicant is under 18 years of age, Parent/Guardian's signature is required: _____ Date: _____
Signature _____ Day/Month/Year _____

ACKNOWLEDGEMENT OF RISK/RELEASE OF LIABILITY

I recognize the element of the risk in an adventure, sport or activity associated with Youth With A Mission Thailand. I am fully aware of the risks and dangers inherent in such as, but not inclusive, of:

1. Hiking on and off trails ranging from gentle to steep and difficult.
2. Possibly encountering wild animals, reptiles and insects.
3. Encountering creeks that may need to be crossed.
4. Eating ethnic food in a foreign country, which may cause sickness.
5. Sunburn, heat problems, dehydration, blisters, falling, twisted ankle, etc.
6. Bites, stings, allergic reactions, etc.
7. Foreign bacteria and viruses which may cause sickness (i.e. malaria)

The undersigned makes the following representations: I have no physical disabilities or conditions that accommodated through a reasonable effort which would prevent my participation on this outreach. I am not taking any medication, which affects my alertness, balance, endurance or strength. I certify that I have the necessary skills and abilities to participate in the said activities and assume full responsibility for myself (and others) for bodily injury, death, and loss of personal property and expenses thereof as a result of my negligence in participating in said activities except to the extent such damage or injury may be due to the negligence of Youth With A Mission Thailand. I also agree to abide by the rules or instructions given to me either verbally or written. Youth With A Mission Thailand reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participation. I have read, understood, and accepted the terms and conditions to the entire program. The staff with Youth With A Mission Thailand do not possess medical authorization beyond competent first aid or first responder skills and therefore are not trained to distribute medication and drugs. I hereby release Youth With A Mission Thailand, its staff, agents, and volunteers from any liability whatsoever arising out of any injury, damage or loss which may be sustained during my involvement with Youth With A Mission.

Applicant Signature: _____ Date: _____
Signature _____ Day/Month/Year _____

If the applicant is under 18 years of age, Parent/Guardian signature is required: _____ Date: _____
Signature _____ Day/Month/Year _____

CONSENT OF BURIAL

I agree that in the case of my death while in Youth with A Mission, YWAM may have to carry out the burial in the location of death. If my family desires to see the body shipped home I understand that my family would need to pay for all expenses incurred in case my insurance would not cover the costs.

I hereby absolve Youth With A Mission Thailand and its entire staff and associates from any responsibility for repatriation costs

Applicant's Signature: _____ Date: _____
Signature _____ Day/Month/Year _____

If the applicant is under 18 years of age, Parent/Guardian's signature is required: _____ Date: _____
Signature _____ Day/Month/Year _____