

RELEASE FORM

PERSONAL INFORMATION

Full Name: _____

Phone Numbers: _____ Email: _____
Daytime Evening

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

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

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 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

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 / Kings Kids International. 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 / Kings Kids International. I also agree to abide by the rules or instructions given to me either verbally or written. Youth With A Mission Thailand / Kings Kids International 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 / Kings Kids International 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 / Kings Kids International, 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/ Kings Kids International.

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



วายแวมประเทศไทย
Youth With A Mission
Thailand

Bangkok