

Statements of Consent, Liability Release and Consent for Burial

Consent for Treatment

"Should a situation arise where I am sick or injured and urgently require medical attention, I give to the Base Director, or his/ her delegate the authority to make any decision concerning my immediate treatment, including anaesthetics, medication and operations as in the opinion of the attending physician are deemed necessary or until as such time I am able to make decisions for myself. I declare that the above named shall not be required to contact my next of kin prior to exercising his/ her authority as provided herein.

I declare that I shall not hold Youth With A Mission, Cook Islands, the Base Director or his/ her delegate, liable for any decision made by him/ her for any damage or loss that I sustain as a result of exercising the authority herein granted by me."

Applicants Full Name: _____

Applicants Signature: _____ Date: DD ____ MM ____

YY ____

or Parents Signature: _____
or responsible party if applicant under the age of 18

Liability Release

"I release Youth With A Mission, Cook Islands, it's agents, employees and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which be sustained by myself during the course of my involvement with Youth With A Mission, Cook Islands."

Applicants Full Name: _____

Applicants Signature: _____ Date: DD ____ MM ____

YY ____

or Parents Signature: _____
or responsible party if applicant under the age of 18

Burial Statement

"In case of my death during the course of my involvement with Youth With A Mission, Cook Islands, I wish that my next of kin be advised as soon as possible and that their wishes with regard to funeral and disposal of my body be complied with so long as my next of kin places Youth With A Mission, Cook Islands in sufficient funds to carry out those wishes. In the case where Youth With A Mission, Cook Islands is unable to contact my next of kin or that my next of kin are unable or unwilling to give directions as to funeral and disposal of my body and come to a satisfactory arrangement with regard to payment of related costs within reasonable time, then I direct that Youth With A Mission, Cook Islands at its sole discretion make arrangements for funeral and disposal (including burial in a foreign country) at the expense of my estate."

Applicants Full Name: _____

Applicants Signature: _____ Date: DD ____ MM ____

YY ____

or Parents Signature: _____
or responsible party if applicant under the age of 18

Acknowledgement of Financial Responsibility

I understand that the payment of the required school fees must be made on the commencement day of the school, unless otherwise approved in writing by the School Director before my departure for the School.

I further understand that if, for any reason, I should withdraw from the School up until 7 days after the commencement, I will receive a full refund less 10%

I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission.

If I am accepted by Youth With A Mission, I will abide by the spirit, rules and schedule of this course.

Applicants Signature: _____ Date: DD____ MM____
YY_____

or Parents Signature: _____
or responsible party if applicant under the age of 18

Certify Information

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

Applicants Signature: _____ Date: DD____ MM____
YY_____

or Parents Signature: _____
or responsible party if applicant under the age of 18

Youth With A Mission admits students of any race, colour, national and ethnic origin to all the rights, privileges, programmes and activities generally accorded or made available to students at the school.

IMPORTANT:

Please bring the original forms with you and hand them in to your school staff on first day of school.

Please scan and email this form to: dts@ywamcooks.com