



Youth With A Mission—Nelson, New Zealand

Discipleship Training School Application Form

Disclaimer

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 or 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 a time as I am able to make the next 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, 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."

Applicant's Full Name _____

Applicant's Signature _____ **Date** _____

Parent's Signature* _____ **Date** _____

Relationship to applicant _____

Liability Release

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

Applicant's Full Name _____

Applicant's Signature _____ **Date** _____

Parent's Signature* _____ **Date** _____

Relationship to applicant _____

Burial Statement

"In case of my death during the course of my involvement with Youth With A Mission, I wish that my next of kin be advised as soon as practical 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 in sufficient funds to carry out those wishes. In the case where Youth With A Mission is unable to contact my next of kin, or that my next of kin are unable or unwilling to give directions with regard 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 at its sole discretion make arrangements for funeral and disposal (including burial in a foreign country) at the expense of my estate. "

Applicant's Full Name _____

Applicant's Signature _____ **Date** _____

Parent's Signature* _____ **Date** _____

Relationship to applicant _____

Acknowledgement of Financial Responsibility

I understand that payment of the required lecture phase fees must be made upon my arrival in NZ, unless otherwise approved in writing by the course director, before my departure for New Zealand. Outreach fees must be paid in total by midway through the lecture phase.

Applicant's Full Name _____

Applicant's Signature _____ **Date** _____

Parent's Signature* _____ **Date** _____

Relationship to applicant _____

*or responsible party if applicant is under the age of 18