



**UNIVERSITY OF THE NATIONS
YWAM LEBANON PA
RELEASE, WAIVER & CONSENT**



Acknowledgment of Responsibility:

I understand that payment of the required school tuition fees must be made in U.S. currency *prior to or upon* my arrival. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with Youth With A Mission and University of the Nations. If I am accepted by the University of the Nations, I will abide by the spirit, rules and schedule of the school.

Applicant's signature: _____ Date: D ____ M ____ Y ____

Signature of parent or guardian: *(Required if applicant is under 18 years of age.)*

Signature: _____ Date: D ____ M ____ Y ____

Print Name: _____ Relationship: _____

Consent for Treatment:

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's signature: _____ Date: D ____ M ____ Y ____

Print name: _____

Signature of parent or guardian: *(Required if applicant is under 18 years of age.)*

Signature: _____ Date: D ____ M ____ Y ____

Print Name: _____ Relationship: _____

Certification:

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

Applicant's signature: _____ Date: D ____ M ____ Y ____

Signature of parent or guardian: *(Required if applicant is under 18 years of age.)*

Signature: _____ Date: D ____ M ____ Y ____

Print Name: _____ Relationship: _____

University of the Nations is a degree granting institution (Associate, Bachelor and Master). UNIVERSITY OF THE NATIONS IS NOT ACCREDITED BY AN ACCREDITING AGENCY RECOGNIZED BY THE UNITED STATES SECRETARY OF EDUCATION.

<p>Please mail all forms to: Registrar Youth With A Mission 1275 Birch Rd. Lebanon PA 17042</p>	<p>University of the Nations (U of N) admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies and school administered programs.</p>	<p>Phone: 717 274 9010 Fax: 717 274 9225 Email: ywampa@comcast.net</p>
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WAIVER, RELEASE AND INDEMNITY

_____, who is herein referred to as the "Releasor", hereby releases, waives and forever discharges Youth With A Mission, Lebanon, PA, a Pennsylvania nonprofit corporation and operating location of the UNIVERSITY OF THE NATIONS, INC., its trustees, directors, officers, agents, employees, if any, successors, insurers and volunteers, who are herein collectively referred to as the "University" from any and all liability, claims, causes of action, loss and damage that may result from any injury to the Releasor's person or property, even injury resulting in death of the Releasor, arising out of the Releasor's being a Student, a Mission Builder, and/or a Full Time or Associate Staff member, and/or a spouse or dependent of the same at or of the University, including, without limitation of the generality of the foregoing, those arising out of or in any way related to the Releasor's participating in any University conducted or sponsored program or activity whether on the Youth With a Mission Lebanon, PA campus, or off campus within or outside of the State of Pennsylvania, such as in an overseas outreach program.

Releasor hereby acknowledges that if Releasor participates in an outreach program conducted or sponsored by the University or travels internationally on University business that he or she is fully aware of the fact that his or her personal health, freedom, safety and/or life may be at risk of loss or damage from contraction of disease, accidents, terrorism, persecution, war, political unrest and any other number of circumstances that might occur while traveling internationally or while participating in an outreach program, and that the Releasor will give such risks the Releasor's full consideration, prayer and thought in deciding whether or not to participate in any such activity and has given such risks the Releasor's full consideration, prayer and thought in deciding whether or not to sign this instrument and that Releasor has signed this instrument with full knowledge of those risks, voluntarily, and not under any duress or undue influence of whatsoever kind or nature.

Releasor hereby knowingly and voluntarily assumes full responsibility for risk of loss of health, bodily injury, death, or damage to Releasor's property arising out of the afore-described risks, programs and activities. Releasor hereby agrees to indemnify and hold the University harmless from any and all claims, liability, loss, damage, cost and/or expense, including attorney's fees and costs incurred by the University in defending against any such claims and in enforcing this agreement, that may be asserted against the University or that the University may suffer or incur as the result of Releasor being a Student at the University or being a Mission Builder, or being a Full Time or Associate Staff member at the University and/or being the spouse or dependent of the same as the case may be.

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WAIVER, RELEASE AND INDEMNITY—cont'd

Releasor expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania and any other jurisdiction in which any cause of action or claim may arise or be asserted and is being given as an inducement to the University to allow Releasor to be a Student at the University or be a Mission Builder, and/or a Full Time or Associate Staff member at the University, and/or the spouse or dependent of the same, as the case may be, and that if any portion of this agreement is invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect. This release, waiver and indemnity agreement shall be binding on Releasor and Releasor's heirs, personal representatives, successors and assigns and shall inure to the benefit of the University and its trustees, directors, officers, agents, employees (if any), insurers and volunteers.

RELEASOR ACKNOWLEDGES RELEASOR HAS CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTANDS ITS LEGAL EFFECT AND HAS SIGNED IT OF RELEASOR'S OWN FREE WILL.

In witness whereof, Releasor has executed this instrument on this ____ day of _____, 20__.

Releasor's Signature: _____ **Print Name:** _____

Signature of parent or guardian: *(Required if applicant is under 18 years of age.)*

Signature: _____ **Print Name:** _____

Relationship: _____

Witness Signature: _____ **Print Name:** _____

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Spouse Consent for Treatment:

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Signature: _____ Date: D _____ M _____ Y _____
Print name: _____

Consent for Treatment of Minors:

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary for the child/ren named below.

Child: _____ Child: _____
Child: _____ Child: _____
Child: _____ Date: D _____ M _____ Y _____
Signature: _____ Signature: _____
Print name: _____ Print name: _____
Relationship: _____ Relationship: _____

Legal Consent for minors to travel outside of the United States:

I hereby give my consent for _____ to travel outside the United States with Youth With A Mission. *(full name of minor)*

Signature of parent or guardian: _____ Date: D _____ M _____ Y _____
Print Name: _____ Relationship: _____

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