

WAIVER YOUTH ON MISSIONS 2012

I agree to abide by all the rules set by the Atlantic District Youth Dept at all activities of the Youth On Missions.

I voluntarily and personally assume responsibility for my actions and release the Atlantic Youth Department and its Officers from any liability due to loss or injury.

During the event, I the registrant am expected to act in a responsible manner, which would not endanger my own or another person's safety.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release between me and the Atlantic District UPCI.

Applicant Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

(If applicant is 18 years and younger a parent or legal guardian must sign.)

Date: \_\_\_\_\_