



YWAM/University of the Nations, Tokyo, Japan
Under 20 Release Form

出願者の氏名/Name of applicant: _____

出願者が20歳未満の場合、出願審査を開始するにあたり以下の文書について親か保護者の署名が必要です。

If applicant is under 20 years of age, a physical copy of the signature of parent or responsible party is required for the following in order to process the application.

免責同意/Release Liability Agreement

私/私たちは、本人が Youth With A Mission と関わる間に生じる怪我や損害や損失に関して、いかなる責任も Youth With A Mission とその代理人、スタッフ、アシスタントに負わせません。

I/we, the undersigned, do hereby release Youth With A Mission, its agents, employees, and volunteer assistants from any liability whatsoever arising out of injury, damage, or loss, which may be sustained by said person during the course of involvement with Youth With A Mission

出願者署名/Applicant Signature _____ 日付/Date _____

保護者署名/Parental Signature _____ 日付/Date _____

治療への同意/Consent for Treatment

Youth With A Mission への出願者として、神が自分を危険な場所や医療施設の整っていない場所に導かれる可能性があることを認識しています。私が病気や怪我で緊急に治療を必要とする事態が発生した場合、私は Youth With A Mission とそのリーダーたちに、私が判断できるようになるまでの間、私のために最善と思われる緊急の治療法を決断をする権威を与えます。

As a prospective candidate for Youth With A Mission, I realize that God may call me to work in a situation or country that may be dangerous or lacking in medical facilities. Should the need arise, where I am either sick or injured and urgently require medical attention, I willingly give to Youth With A Mission and its leaders the authority to make any decision concerning my immediate treatment that they prayerfully consider to be in my best interests, until such a time as I am able to make decisions for myself.

出願者署名/Applicant Signature _____ 日付/Date _____

保護者署名/Parental Signature _____ 日付/Date _____

郵送先/Please send to:

staff.registrar@ywamtokyo.org (staff) or student.registrar@ywamtokyo.org (student)

または/or

〒203-0013 東京都 東久留米市 新川町 1-1 7-5 世界青年宣教会 出願受付宛

Applications, YWAM Tokyo, 1-17-5 Shinkawacho, Higashikurume, TOKYO, 203-0013, JAPAN