

Q2014

USA/Canada NYI National Quiz Tournament

June 30-July 5, 2014 | Trevecca Nazarene University | Nashville, TN, USA

Student Medical and Liability Release

Student Information

First Name: _____	Last Name: _____	Gender: _____
Street Address: _____	City: _____	
State/Province: _____	Zip/Postal Code: _____	Country: _____
Email Address: _____	Birth Date: _____ (mm/dd/yy)	
Home Phone: _____	Cell Phone: _____	District: _____

Parent/Guardian Contact Information

Name _____	Relationship _____
Home Phone _____	Work Phone _____
Cell Phone _____	Email _____

Health Information Necessary for Proper Care and Protection

In order to assist medical personnel in an emergency situation, please provide the following:

*For additional space, use separate page for responses

Describe any health issues or diagnoses: _____ _____ _____	Family Physician: _____ Physician Phone: _____
List all current medications and dosages: _____ _____ _____	Do any foods cause allergic reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ _____
Any allergies to medication? _____ _____	Additional needs our staff should be aware of: _____ _____ _____
Date of last tetanus shot: _____ _____	

Insurance Information

Primary Name: _____	Insurance Company: _____
Policy Number: _____	Group #: _____

Guaranty of Payment for Medical Treatment for Minor Student *(Required if no Insurance Information above)*

As _____ (name of minor) ("Student") is not covered by any type of health insurance policy or program, I _____ (name of parent or guardian), on behalf of Student, hereby guaranty payment for any fees, expenses or costs related to the medical treatment of Student in connection with Student's participation in Q2014. I understand and acknowledge that I may be asked to provide further guarantees of payment to health care professionals and institutions, which provide medical treatment to Student. I also acknowledge that neither General Board Church of the Nazarene nor Nazarene Youth International is responsible for the cost of Student's medical treatment and I shall indemnify, defend and hold harmless General Board Church of the Nazarene, Nazarene Youth International, their respective officers, directors, employees, or agents, from and against any and all claims which may be made as a result of my failure to provide payment for Student's medical treatment.

Authorization for Medical Treatment & Parent/Guardian Permission

In the event I cannot be reached, I authorize and direct any adult Nazarene Youth International employee or volunteer representing the Church of the Nazarene to make emergency medical decisions for my child. Therefore, I (name of parent or guardian), _____, hereby authorize that emergency medical and/or surgical care may be provided for my son/daughter _____, at my expense. I also hereby release and discharge the General Board of the Church of the Nazarene, and its affiliates, along with any other chaperoning adult employees or volunteers of Nazarene Youth International, its agents, employees, officers, directors, affiliates, successors, assigns and all other, from any and all claims, demands, expenses, personal injury, wrongful death, causes of action, lawsuits, damages and liabilities of every kind and natures, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any activities associated in any way during Q2014. I have full knowledge as to such activities, and I have full knowledge of the probable risks involved. Except for those limitations named in this health form, I certify that _____ (name of child), is healthy and fit to participate in all such activities. Further, I acknowledge that Q2014 and/or its agents will be taking photographs and/or videos of the Q2014 events and that _____ may appear in those photographs and/or videos. I hereby give my permission to Q2014 and/or General Board Church of the Nazarene to utilize event media in all forms and in all manners for marketing, promotional, and future event development. In addition, I acknowledge that this release form also includes travel dates to and from the event with my sponsoring district.

Signature _____ Date _____ Relationship _____

Please complete and return to the USA/Canada NYI Office

email: USACanadaNYI@nazarene.org | fax: 913.577.0862 | mail: 17001 Prairie Star Parkway, Lenexa, KS, USA 66220