

Q2016

USA/Canada NYI Quiz Tournament

June 27-July 2, 2016 | Southern Nazarene University | Oklahoma City, OK USA

Adult Medical and Liability Release

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

Emergency Contact Information

Name:	_____	Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Preferred Phone:	_____	Alternate 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

Do you have any special needs the NYC staff needs to be aware of?
<input type="checkbox"/> Food allergies <input type="checkbox"/> Handicap accessible
<input type="checkbox"/> Hearing impaired <input type="checkbox"/> Vision impaired
Other _____
Please provide details for any needs noted above:

Family Physician: _____
Physician Phone: _____
List all current medications and dosages:

Any allergies to medications?

Date of last tetanus shot:

Insurance Information

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

Guaranty of Payment for Medical Treatment (Required if No Insurance Information above)

As I, _____ (name of attendee), am not covered by any type of health insurance policy or program; I hereby guarantee payment for any fees, expenses, or costs related to any medical treatment I receive in connection with my participation in the Q2016 event. I understand and acknowledge that further guarantees of payment to health care professionals and institutions which provide medical treatment may be required. I also acknowledge that neither Church of the Nazarene, Inc. nor Nazarene Youth International (NYI) is responsible for the cost of my medical treatment and I shall indemnify, defend, and hold harmless Church of the Nazarene, Inc., Nazarene Youth International, their respective officers, directors, employees, and/or agents from and against any and all claims which may be made as a result of my failure to provide payment for any medical treatment.

Authorization for Medical Treatment and Photography

In the event that I am incapacitated or unable to make a medical decision, I authorize and direct any adult Nazarene Youth International employee or volunteer representing the Church of the Nazarene to make emergency medical decisions on my behalf. I, _____ therefore hereby authorize that emergency medical and/or surgical care may be provided for me at my expense. I also hereby release and discharge the Church of the Nazarene, Inc. 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 others from any and all claims, demands, expenses, personal injury, wrongful death, causes of action, lawsuits, damages and liabilities of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any activities associated in any way with the Q2016 event. 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 I am healthy and fit to participate in all such activities.

Further, I acknowledge that NYI and/or its agents will be taking photographs and/or videos of the Q2016 event and that I may appear in these photographs and/or videos. I hereby give my permission to Q2016 and/or Church of the Nazarene, Inc. 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 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