USA/Canada NYI National Quiz Tournament June 30-July 5, 2014 | Trevecca Nazarene University | Nashville, TN, USA Adult Medical and Liability Poloco **Adult Medical and Liability Release**

Participant Information

| Primary Name: Policy Number: Group #: Group | | | | |
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| State/Province: Zip/Postal Code: Country: Email Address: Birth Date: (mm/dd/y) Home Phone: Cell Phone: Birth Date: (mm/dd/y) District: District: Birth Date: (mm/dd/y) District: | First Name: | Last Name: | | |
| State/Province: Zip/Postal Code: Country: Email Address: Birth Date: (mm/dd/y) Home Phone: Cell Phone: Birth Date: (mm/dd/y) District: District: Birth Date: (mm/dd/y) District: | Street Address: | | City: | |
| Emergency Contact Information Name | State/Province: | Zip/Postal Code: | Country: | |
| Emergency Contact Information Name | Email Address: | <u> </u> | | |
| Emergency Contact Information Name | | | (mm/dd/yy) | |
| Relationship Home 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: | Home Phone: | Cell Phone: | District: | |
| Home Phone | Emergency Contact In | formation | | |
| 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: Physician Physici | Name | Re | elationship | |
| 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: List all current medications and dosages: List all current medications and dosages: Any allergies to medication? Date of last tetanus shot: Insurance Information Primary Name: Policy Number: Group #: Group #: Group #: Group #: Guaranty of Payment for Medical Treatment (Required in or Insurance Information above) As I, (name of attendee) am not covered by any type of health insurance policy or program, I hereby guaranty payment for any fees, expenses or cooks it edited to any medical treatment ir receive in connection with my particular in the payment is and acknowledge that further guarantees of payment to health care professionals and institutions which provide medical treatment and acknowledge that enther General Board Church of the Nazarene for Insurance Policy or program, I hereby guaranty payment for any fees, expenses or cooks it edited to any medical treatment ir receive in connection with my particulation in the Q23rd event. I understate and acknowledge that truther guarantees of payment to health care professionals and institutions which provide medical treatment my be required. I listenders the control of the Nazarene for Insurance Policy or program, I hereby guaranty payment for any feet or provide medical treatment in receive in connection with my particulation in the Q23rd event. I understate the provide payment for the cost of my medical treatment. Authorization for Medical Treatment Interested the payment for Medical treatment. Authorization for Medical Treatment Interested the payment for the Nazarene to make emergency medical decisions on my behalf. I, which is the payment for any medical treatment. Authorization for Medical Treatment Interested the payment for the Nazarene to make emergency medical decisions on my behalf. I, ha | Home Phone | W | ork Phone | |
| For additional space, use separate page for responses Person additional space, use separate page for responses Person additional space, use separate page for responses Person additional space, use separate page for responses Physician Phone: | Cell Phone | Email | | |
| List all current medications and dosages: Physician Phone: | In order to assist medical per *For additional space, use se | rsonnel in an emergency situation, parate page for responses | please provide the following: | |
| List all current medications and dosages: Do any foods cause allergic reaction? Yes Yes No If yes, explain: | Describe any health issues | | | |
| Any allergies to medication? Date of last tetanus shot: Insurance Information Primary Name: Policy Number: Group #: Guaranty of Payment for Medical Treatment (Required if no Insurance Information above) As I, | | | | |
| Date of last tetanus shot: Insurance Information | List all current medications | and dosages: | ☐ Yes ☐ No | |
| 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 guaranty payment for any fees, expenses or costs related to any medical treatment I receive in connection with my participation in the Q2014 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 General Board Church of the Nazarene Youth International is responsible for the cost of my medical reatment 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 any medical treatment. Authorization for Medical Treatment 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 heret authorize that emergency medical and/or surgical care may be provided for me at my expense. I also hereby release and discharge the General Board Church of the Nazarene found its 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 ever and or may have, arising from or in any way related to my participation in any activities associated in any way during the Q2014 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 cent of t | Any allergies to medication? | , | additional needs our staff should be aware of: | |
| Primary Name: Policy Number: Group #: 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 guaranty beayment for any fees, expenses or costs related to any medical treatment I receive in connection with my participation in the Q2014 event. I understa 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 General Board Church of the Nazarene nor Nazarene Youth International is responsible for the cost of my medical reatment 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 any medical treatment. Authorization for Medical Treatment 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 here authorize that emergency medical and/or surgical care may be provided for me at my expense. I also hereby release and discharge the General Board 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 ever and or may have, arising from or in any way related to my participation in any activities associated in any way during the Q2014 event. I have full | Date of last tetanus shot: | | | |
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| Guaranty of Payment for Medical Treatment (Required if no Insurance Information above) As I | Primary Name: | Insu | urance Company: | |
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| 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, | As I, | (name of attendee) am not covered by costs related to any medical treatment I recontees of payment to health care profession ral Board Church of the Nazarene nor Nazend and hold harmless General Board Chu | any type of health insurance policy or program, I hereby guaranty seive in connection with my participation in the Q2014 event. I under als and institutions which provide medical treatment may be require arene Youth International is responsible for the cost of my medical rich of the Nazarene, Nazarene Youth International, their respective | ed. I |
| volunteer representing the Church of the Nazarene to make emergency medical decisions on my behalf. I, | Authorization for Medi | cal Treatment | | |
| | volunteer representing the Church of authorize that emergency medical at of the Church of the Nazarene, and agents, employees, officers, director wrongful death, causes of action, law had or may have, arising from or in a knowledge as to such activities, and that I am healthy and fit to participate of the Q2014 events and that I may of the Nazarene to utilize event medical that I may of the Nazarene to utilize event medical that I may of the Nazarene to utilize event medical that I may of the Nazarene to utilize event medical that I may of the Nazarene to utilize event medical that I may of the Nazarene to utilize event medical that I may of the Nazarene to utilize event medical that I may of the Nazarene to utilize event medical that I may of the Nazarene to utilize event medical that I may of the Nazarene that I may o | f the Nazarene to make emergency medicand/or surgical care may be provided for meits affiliates, along with any other chaperors, affiliates, successors, assigns and all otwents, damages and liabilities of every kingany way related to my participation in any all have full knowledge of the probable risks in all such activities. Further, I acknowle appear in these photographs and/or videosita in all forms and in all manners for market | al decisions on my behalf. I,, therefore he at my expense. I also hereby release and discharge the General R ining adult employees or volunteers of Nazarene Youth International, her, from any and all claims, demands, expenses, personal injury, d and natures, whether known or unknown, in law or equity, that I expectivities associated in any way during the Q2014 event. I have full is involved. Except for those limitations named in this health form, I dge that NYC and/or its agents will be taking photographs and/or view. I hereby give my permission to Q2014 and/or General Board Chueting, promotional, and future event development. In addition, I | ereby Board , its ver certified |
| | Signature | | Date | _ |
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