

Q2020

USA/Canada NYI Quiz Tournament

June 15-20, 2020 | Point Loma Nazarene University | San Diego, CA USA
Student Medical and Liability Release

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

Parent/Guardian 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 NYI 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 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 guarantee payment for any fees, expenses or costs related to the medical treatment of Student in connection with Student's participation in the Q2020 event. 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 Church of the Nazarene, Inc. nor Nazarene Youth International (NYI) is responsible for the cost of Student's 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 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. I 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 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 other 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 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 with Q2020. 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 my child is 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 Q2020 event and that my child may appear in those photographs and/or videos. I hereby give my permission to NYI 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. I also give my permission for my student's contact information to be shared with USA/Canada Nazarene higher education institutions. In addition I acknowledge that this release form also includes travel dates to and from the event with my sponsoring district.

Signature _____ Date _____ Relationship _____

<p align="center">Please complete and return to the USA/Canada NYI Office email: NYIQuiz@nazarene.org mail: 17001 Prairie Star Parkway, Lenexa, KS, USA 66220</p>
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WAIVER AND RELEASE

I, _____, have agreed to participate in _____ (specify the camp or other event or activity) ("Event") to be held at Point Loma Nazarene University ("PLNU")'s campus or facilities located at 3900 Lomaland Drive, San Diego, CA 92106 ("Site"). If the Event participant is under the age of 18, the undersigned parent or legal guardian of the minor participant hereby gives their consent and approval for such minor to participate in the Event. In consideration for PLNU's agreement to allow me or my child to participate in the Event, I hereby:

1. Accept full responsibility and liability for any injuries or other damages that my child or I may incur as a result of participating in the Event and/or while my child is or I am at the Site.
2. Unconditionally and irrevocably release, waive and forever discharge PLNU and its affiliates, and their respective officers, employees, trustees, students, faculty, representatives, agents, successors and assigns ("Released Parties"), from any and all claims, disputes, damages, losses, liabilities, attorney's fees and other costs, known or unknown, foreseen or unforeseen, accrued or unaccrued, arising out of or related to (i) the structure or operation of the Event, (ii) my child's or my participation in the Event and/or my child's or my presence at the Site, and/or (iii) any personal injuries, death, property damages, or other liabilities that are caused or contributed to by my child or me and/or that are incurred by my child or me [subclauses (i) – (iii) are "Covered Items"].
3. Agree not to allow my child to, or I agree not to, participate or continue to participate in the Event if my child has or develops, or if I have or develop, any physical or health limitations. I assume, on behalf of my child or myself, all risks and liabilities involved in or arising out of my child's or my voluntary participation in the Event and/or my child's or my presence at the Site, including, without limitation, the risks of death, bodily injury, property damage or other losses.
4. Indemnify, defend and hold harmless the Released Parties from any and all claims, liabilities, damages, disputes, losses and other expenses, including without limitation attorneys' fees and costs, incurred by or asserted against the Released Parties, whether or not a lawsuit or other proceeding is filed ("Claims"), that in any way arise out of or relate to any of the Covered Items. I agree that I will not enter into any settlement of such Claims without Released Parties' prior written consent. I further agree that the Released Parties, at their expense, have the right to retain separate independent counsel to assist in defending any such Claims.

By signing below, I agree to all of the above provisions and realize that I am waiving certain legal rights and that this is a general release, and I have done so voluntarily. I also agree that the provisions herein shall survive the occurrence of the Event.

Print Name of Participant: _____

Signature of Participant: _____

Print Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date signed: _____