

Q2018

USA/Canada NYI Quiz Tournament

June 25-June 30, 2018 | MidAmerica Nazarene University | Olathe, KS 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 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 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 Q2018 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 Q2018. 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 Q2018 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 _____

Please complete and return to the USA/Canada NYI Office

email: NYIQuiz@nazarene.org | fax: 913.577.0896 | mail: 17001 Prairie Star Parkway, Lenexa, KS, USA 66220