

Q 2020

USA/Canada NYI Quiz Tournament

June 15-20, 2020 | Point Loma Nazarene University | San Diego, CA 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: _____ (mm/dd/yy)		
Preferred 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

<p>Do you have any special needs the NYI staff needs to be aware of?</p> <p><input type="checkbox"/> Food allergies <input type="checkbox"/> Handicap accessible</p> <p><input type="checkbox"/> Hearing impaired <input type="checkbox"/> Vision impaired</p> <p>Other _____</p> <p>Please provide details for any needs noted above:</p>	<p>Family Physician: _____</p> <p>Physician Phone: _____</p> <p>List all current medications and dosages:</p> <p>_____</p> <p>Any allergies to medications?</p> <p>_____</p> <p>Date of last tetanus shot:</p> <p>_____</p>
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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 Q2020 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 Q2020 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 Q2020 event and that I may appear in these photographs and/or videos. I hereby give my permission to Q2020 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 _____

Please complete and return to the USA/Canada NYI Office

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



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: _____