

NYC 2011 District Sponsor Medical and Liability Release



Personal Information

| | | |
|---|---------------------------------|-------------------|
| First Name: _____ | Last Name: _____ | Gender: _____ |
| Street Address: _____ | | City: _____ |
| State/Province: _____ | Zip/Postal Code: _____ | Country: _____ |
| Email Address: _____ | | Home Phone: _____ |
| S.S. #: _____ | Birth Date: _____ (mm/dd/yy) | Cell Phone: _____ |
| District Name: _____ | | |
| I am a: <input type="checkbox"/> District President <input type="checkbox"/> District NYC Coordinator <input type="checkbox"/> District Sponsor | | |

Emergency Contact Information

| | |
|---------------|--------------------------------|
| Name: _____ | Relationship: _____ |
| Home #: _____ | Work #: _____ Cell #: _____ |

Health Information Necessary for Proper Care and Protection

*For additional space, use back of page for answers

In order to assist medical personnel in an emergency situation, please provide the following:

| | |
|---|--|
| Describe any health issues or diagnoses: <hr/> Please state any limitations: <hr/> Any allergies to medication? <hr/> List all current medications, dosages, and directions: <hr/> Date of last tetanus shot: | Family Physician: _____ Physician Phone: _____ Recent exposure to communicable disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: <hr/> Do any foods cause allergic reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: <hr/> Is there anything else we should know? |
|---|--|

Insurance Information

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

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 hereby 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 of 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 had or may have, arising from or in any way related to my participation in any activities associated in any way during the Nazarene Youth Conference 2011. 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 NYC and/or its agents will be taking photographs and/or videos of the NYC 2011 events and that I may appear in these photographs and/or videos. I hereby give my permission to NYC and/or General Board Church of the Nazarene 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 SIGN AND MAIL THESE FORMS TO YOUR DISTRICT NYC COORDINATOR.

*Annie Croft - NYC Coordinator
7520 East U Ave.
Vicksburg, MI 49097
269-568-2424
acroft.graphicsmirk@gmail.com*

| For NYC Office Use Only | |
|----------------------------|-------|
| | Date |
| Form Received | _____ |
| Background Check Link Sent | _____ |
| Background Check Cleared | _____ |
| District Notified | _____ |