



## 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. Therefore, I (name of parent or legal guardian) \_\_\_\_\_ 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 Mount Vernon Nazarene University, 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 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 during the Q2010 NYI Bible Quizzing 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 \_\_\_\_\_ (name of child) is healthy and fit to participate in all such activities.

Further, I acknowledge that Q2010 and/or its agents will be taking photographs and/or videos of the Q2010 events and that \_\_\_\_\_ (name of child) may appear in those photographs and/or videos. I hereby give my permission to Q2010 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 region, district, local church or other group.

Notarized signature and date (do not sign or date unless in the presence of a Notary Public) required for all participants age 17 and under whether parent or legal guardian is a participant or not.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

### **The following section to be completed by Notary Public (for participants age 17 and younger)**

Before me, a Notary Public, in and for said County and State/Province, this \_\_\_\_\_ day of \_\_\_\_\_, 2010, personally appeared \_\_\_\_\_ and acknowledged execution of the foregoing.

IN WITNESS WHEREOF, I have hereunto set my hand and Notary Seal.

STATE / PROVINCE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

*Notary Seal*

Notary Public signature: \_\_\_\_\_

Commission expiration date: \_\_\_\_\_

For Q2010 Office Use Only	
	Date
Form Received	_____
Background Check Link Sent	_____
Background Check Cleared	_____
Q2010 Staff Notified	_____

