

# Q2010 USA/Canada-Adult Medical and Liability Release

WHO ARE



## Participant 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/yyyy)	Cell Phone: _____
District Name: _____		
I am a(an): <b>Quizzer</b> <b>Coach</b> <b>Staff Member</b> <b>Volunteer</b> <b>Official</b> <b>Guest</b>		

## 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:*

<p>Describe any health issues or diagnoses:</p> <p>_____</p> <p>Please state any limitations:</p> <p>_____</p> <p>Any allergies to medication?</p> <p>_____</p> <p>List medications, dosages &amp; directions:</p> <p>_____</p> <p>Date of last tetanus shot:</p> <p>_____</p>	<p>Family Physician: _____</p> <p>Physician Phone: _____</p> <p>Recent exposure to communicable disease?</p> <p>Yes                      No</p> <p>If yes, explain:</p> <p>_____</p> <p>Do any foods cause allergic reaction?</p> <p>Yes                      No</p> <p>If yes, explain:</p> <p>_____</p> <p>Is there anything else we should know?</p> <p>_____</p>
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## 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 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 (NYI), 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 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 I am 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 I may appear in these photographs and/or videos. I hereby give my permission to Q2010 and/or the 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

