

NYC '07-Water Fire Wind MEDICAL AND LIABILITY INFORMATION RELEASE FORM

**** Please turn in to your District NYC Coordinator upon Completion**

TEEN AND ADULT PARTICIPANTS

Name _____

Gender _____ Age _____

Address _____

City _____

State/Province _____ Zip _____

Nazarene District _____

TEEN PARTICIPANTS

Parent/Guardian's Name _____

Phone: Home: (_____) _____ Work: (_____) _____

Cell: (_____) _____

Secondary Emergency contact: _____

Phone: Home: (_____) _____ Work: (_____) _____

Cell:(_____) _____

ADULT PARTICIPANTS

Emergency Contact: _____ Secondary Contact: _____

Phone: Home: (_____) _____ Home: (_____) _____

Work (_____) _____ Work (_____) _____

Cell (_____) _____ Cell (_____) _____

MEDICAL INFORMATION

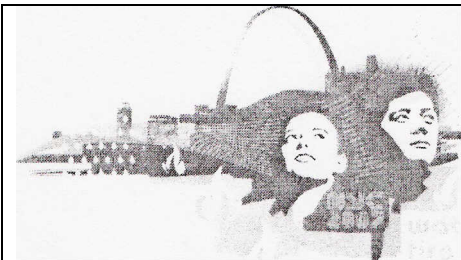
Allergies (bee's, drugs, foods, etc ...) _____

Name and Dosage of any medications taken regularly: _____

Date of last tetanus shot: _____

Doctor's Name: _____ Phone: (_____) _____

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NYC '07-Water Fire Wind MEDICAL AND LIABILITY INFORMATION RELEASE FORM Cont'd

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I, _____, the legal guardian of

Printed Name of Parent/Legal Guardian

_____, authorize the leadership of Nazarene Youth

Printed name of Nazarene Youth Conference 2007 Participant

Conference 2007 to care for the administration of general first aid treatment for any minor injuries received to my child during the event. If the injury sustained is life threatening, or in need of emergency treatment, I authorize the leadership of Nazarene Youth Conference 2007 or its representative to summon any and all professional emergency personnel to attend, transport, and treat my child.

I understand that Nazarene Youth Conference 2007 will require my son/daughter to make choices and keep a schedule, and that he/she may not be under direct adult supervision at all times. I agree to release and hold harmless any staff and lay assistants of Nazarene Youth International Ministries, the General Church of the Nazarene, and/or Nazarene Youth Conference 2007 from any and all claims, suits, costs and actions, of any kind whatsoever, arising from their exercise of the power granted by this authorization.

I understand that Nazarene Youth International and other news entities will be taking photos and filming footage this event. I acknowledge that in the future the photos) of participants may be used in promotion or new materials without my written consent and without monetary compensation. This liability release is valid during Nazarene Youth Conference, July 10-15, 2007.

Signature of Parent/Legal Guardian

Date

The following section to be completed by Notary Public

Before me, a Notary Public, in and for said County and State/Province, this _ day of

_____, 200__, personally appeared _____ and acknowledged execution of the

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

STATE/PROVINCE OF: _____ COUNTY OF: _____

Notary Public Signature: _____ Commission expiration date: _____

Notary Seal