

# BLAST MEDICAL & CIVIL LIABILITY RELEASE FORM

Required for each participant and adult sponsor.

Each attendee **MUST** complete the following Medical & Civil Liability Release Form.  
For those participants under the age of 18, the parent or legal guardian **MUST** sign.

Signed copies of this form **MUST** be returned with registration information. Individual registration is not complete unless the Medical & Civil Liability Release Form is on file with your district NYI.

## FOR EVERYONE:

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZipCode \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

## FOR YOUTH:

Parent/Guardian's Name \_\_\_\_\_  
Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

## FOR YOUNG ADULT & ADULT PARTICIPANTS:

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

## MEDICAL INFORMATION:

List the name(s) and dosage(s) of any medications you will be taking while at BLAST 2011.

\_\_\_\_\_  
\_\_\_\_\_  
List any medications you are allergic to: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

List any medical conditions or activity limitations: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_ authorize the leadership of BLAST 2011 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 BLAST 2011 or its representative to summon any and all professional emergency personnel to attend, transport, and treat my child.

I understand that BLAST 2011 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, Mount Vernon Nazarene University, and/or BLAST 2011 from any and all claims, suits, costs and actions, of any kinds whatsoever, arising from their exercise of the power granted by this authorization.

This liability release is valid during BLAST 2011, June 9-11, 2011 as well as during the \_\_\_\_\_ District BLAST event being held \_\_\_\_\_ 2011.

\_\_\_\_\_  
Signature of Parent/Guardian Date

Student is covered by group or medical insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, complete the following information: NAME OF INSURED: \_\_\_\_\_  
HEALTH INSURANCE COMPANY: \_\_\_\_\_ GROUP #: \_\_\_\_\_ POLICY #: \_\_\_\_\_