

Guaranty of Payment for Medical Treatment for Minor Student

As _____ (name of minor) ("Student") is not covered by any type of health insurance policy or program, I _____ (name of parent or guardian), on behalf of Student, hereby guaranty payment for any fees, expenses or costs related to the medical treatment of Student in connection with Student's participation in the Nazarene Youth Conference 2011. I understand and acknowledge that I may be asked to provide further guarantees of payment to health care professionals and institutions which provide medical treatment to Student.

I also acknowledge that neither General Board Church of the Nazarene nor Nazarene Youth International is responsible for the cost of Student's medical treatment and I shall indemnify, defend and hold harmless General Board Church of the Nazarene, Nazarene Youth International, their respective officers, directors, employees, or agents, from and against any and all claims which may be made as a result of my failure to provide payment for Student's medical treatment.

Signature _____

Date _____

Relationship to Student _____

The following section must be completed by a Notary Public

Before me, a Notary Public, in and for said County and State, this _____ day of _____, 20____, personally appeared before me and acknowledged execution of the foregoing.

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

STATE OF _____

COUNTY OF _____

Notary Public Signature _____

Commission expiration date _____

Notary seal: