

BLAST MEDICAL & CIVIL LIABILITY RELEASE FORM

*Photocopy this form for each participant and sponsor.
Keep a copy of each completed Medical & Civil Liability Release Form for your district records.*

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 ALL PARTICIPANTS:

Name (Last) _____ (First) _____ (Middle) _____
Address _____ Sex _____
City _____ State/Province _____ Zip/Postal Code _____
Date of Birth _____ Social Security # _____

FOR YOUTH:

Parent/Guardian's Name _____
Phone # (Home) _____ (Work) _____ (Fax) _____

FOR YOUNG ADULT & ADULT PARTICIPANTS:

Emergency Contact _____
Relationship _____
Phone # (Home) _____ (Work) _____ (Fax) _____

MEDICAL INFORMATION:

List the name(s) and dosage(s) of any medications you will be taking while at **BLAST** 2009.

List any medications you are allergic to: _____

Date of last tetanus shot: _____

List any medical conditions or activity limitations: _____

Doctor's Name _____ Phone # _____

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I, _____, the legal guardian of _____ authorize the leadership of **BLAST** 2009 to care for the administration of general first aid treatment for any minor injuries received to my child during the event.

Parent/Legal Guardian

BLAST 2009 Participant

If the injury sustained is life threatening, or in need of emergency treatment, I authorize the leadership of **BLAST** 2009 or its representative to summon any and all professional emergency personnel to attend, transport, and treat my child.

I understand that **BLAST** 2009 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** 2009 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** 2009, June 11-13, 2009 as well as during the _____ District **BLAST** event being held _____ 2009.

Signature of Parent/Guardian

Date

HEALTH INSURANCE COMPANY

POLICY/SUBSCRIBER/GROUP #
