

NYC 2011 District Sponsor Medical and Liability Release



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/yy)	Cell Phone: _____
District Name: _____		
I am a: <input type="checkbox"/> District President <input type="checkbox"/> District NYC Coordinator <input type="checkbox"/> District Sponsor		

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:

Describe any health issues or diagnoses: Please state any limitations: Any allergies to medication? List all current medications, dosages, and directions: Date of last tetanus shot:	Family Physician: _____ Physician Phone: _____ Recent exposure to communicable disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: Do any foods cause allergic reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: Is there anything else we should know?
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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 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, 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 Nazarene Youth Conference 2011. 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 NYC and/or its agents will be taking photographs and/or videos of the NYC 2011 events and that I may appear in these photographs and/or videos. I hereby give my permission to NYC and/or 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 district.

Signature_____ Date_____

PLEASE SIGN AND MAIL THESE FORMS TO YOUR DISTRICT NYC COORDINATOR.

**Indy NYC Coordinator
Gary Gerstenberger
8610 West 10th Street
Indianapolis, IN. 46234**

For NYC Office Use Only	
	Date
Form Received	_____
Background Check Link Sent	_____
Background Check Cleared	_____
District Notified	_____

