

BLAST MEDICAL & CIVIL LIABILITY RELEASE FORM - 2016

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) _____ (MI) _____
Address _____ City _____ St _____ Zip _____
Date of Birth _____ Gender _____

FOR YOUTH:

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

FOR ADULTS:

Emergency Contact _____ Relationship _____
Phone # (Cell) _____ (Home or Work) _____

MEDICAL INFORMATION:

List the name(s) and dosage(s) of any medications you will be taking while at **BLAST** 2016.

List any medications you are allergic to: _____

Date of last tetanus shot: _____

List any medical conditions or activity limitations: _____

Doctor's Name _____ Phone # (_____) _____

"I, _____, legal guardian of _____, authorize the
Parent/Legal Guardian **BLAST** 2016 Participant
leadership of **BLAST** 2016 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 2016 or its representative to summon any and all professional emergency personnel to attend, transport, treat my child.

I understand **BLAST** 2016 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. Unless there is negligence on the part of any staff or lay assistants of Nazarene
Youth International Ministries, the General Church of the Nazarene, Mount Vernon Nazarene University, and/or **BLAST** 2016, 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** 2016 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 Regional **BLAST** 2016 (June 9-11, 2016) as well as during the _____ District
BLAST event being held _____ 2016."

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 #: _____