

# BLAST MEDICAL & CIVIL LIABILITY RELEASE FORM - 2020

Required for each participant and adult leader.

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 PARTICIPANTS:

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** 2020.

\_\_\_\_\_

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 2020 Participant*  
leadership of **BLAST** 2020 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** 2020 or its representative to summon any and all professional emergency personnel to attend, transport, treat my child.

I understand **BLAST** 2020 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** 2020, 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** 2020 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 Field **BLAST** 2020 (June 11-13, 2020) as well as during the \_\_\_\_\_ District **BLAST** event being held \_\_\_\_\_ 2020."

\_\_\_\_\_  
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 #: \_\_\_\_\_