

### 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 local records.

Each participant **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 a Medical & Civil Liability Release Form is on file with your district NYI

**FOR ALL PARTICIPANTS/SPONSORS:**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_ Sex \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

**FOR YOUTH PARTICIPANTS/SPECTATORS:**

Parent/Guardian's Name \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

**MEDICAL INFORMATION:**

List the name(s) and dosage(s) of any medications you will be taking while at OR-PAC S.A.G.A. 2012:

\_\_\_\_\_

List any medications you are allergic to: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

List any medical conditions or activity limitations: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_,  
*Parent/Legal Guardian* *OR-PAC S.A.G.A. 2012 Participant*  
authorize the leadership of OR-PAC S.A.G.A. 2012 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 if my child is in need of emergency treatment, I authorize the leadership of OR-PAC S.A.G.A. 2012 or its representative to summon any and all professional emergency personnel to attend, transport, and treat my child. I understand that OR-PAC S.A.G.A. 2012 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, local sponsoring churches and/or OR-PAC S.A.G.A. 2012 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 OR-PAC S.A.G.A. 2012, March 16<sup>th</sup>-17<sup>th</sup>, 2012.

Signature: \_\_\_\_\_