

**MEDICAL & CIVIL LIABILITY
RELEASE FORM**



Photocopy this form for each participant, adult and child of an adult sponsor. Keep a copy of each completed Medical & Civil Liability Release Form for your Church records. Each participant and child of an adult sponsor **MUST** complete the following Medical & Civil Liability Release Form. For those participants/children 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/ADULT SPONSORS/CHILDREN OF SPONSORS:

Name (Last) _____ (First) _____ (Middle) _____
Address _____ Sex _____
City _____ State/Province _____ Zip/Postal Code _____
Date of Birth _____
Emergency Contact _____ Relationship _____
Phone # (Home) _____ (Work) _____ (Fax) _____

FOR YOUTH PARTICIPANTS/SPECTATORS/CHILDREN OF SPONSORS:

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 District Main Event 2025:

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 *District Main Event--2025 Participant/child*

authorize the leadership of District Main Event -- 2025 to obtain treatment for and/or hospitalize my child for any injuries and/or illness my child may suffer during the event. Furthermore, I expressly authorize the leadership of District Main Event --2025 or its representative, in their sole discretion, to summon any and all professional emergency personnel to attend, transport, and treat my child. I hereby accept responsibility for payment of all costs incurred for any medical treatment provided to my child, regardless of whether my child is covered by medical insurance. I understand that District Main Event -- 2025 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, lay assistants, sponsors, volunteer, agents, directors and officers of Nazarene Youth International Ministries, the General Church of the Nazarene, local sponsoring churches and/or District Main Event -- 2025 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 District Main Event -- 2025, March 28-30, 2025.

Further, I acknowledge that the Colorado District NYI, and/or its agents, will be taking photographs and/or videos of the Main Event and that _____ (student's name) may appear in those photographs and/or videos.

I hereby give my permission to Colorado District NYI to utilize event media in all forms and in all manners for marketing, promotional, and future event development.

Signature _____ Date _____ Relationship _____