

Journey of Grace Nazarene 2024-2025 NYI Medical/Liability Release Form

Name _____

Current Grade: _____ Age: _____ Birth date: _____

Medical Insurance Company: _____

Group Policy # _____

Claim Office Address: _____

Claim Office Telephone: _____

Name of Parent/Guardian:

Address where parent can be reached:

Phone number where parent can be reached: _____

List any medical problems, conditions, allergies, medications you are presently taking, and any reactions to medications:

Blood type: _____ Date of last Tetanus shot: _____

Physician's Name: _____ Phone Number: _____

Physician's Address:

Parental Authority to Consent to Treatment of Minor

Herein "Parent/Guardian" Herein "Minor"

Organization/Youth Minister/Youth Director/Sponsor Herein "Agent"

Authorization For Consent I hereby certify that I have full legal authority to consent and authorize all matters addressed herein. Additionally, I acknowledge that this release form includes travel dates to and from the event with my sponsoring district/local Church of the Nazarene. _____ **(INITIALS)**

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, volunteer representing the Church of the Nazarene, or adult leader from my child's sponsoring district/local church to make emergency medical decisions for my child. I, therefore hereby authorize that emergency medical and/or surgical care may be provided for my son/daughter at my expense. I also hereby release and discharge the Church of the Nazarene, Inc. 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 others from any and all claims, demands, expenses, personal injury, wrongful death, causes of actions, lawsuits, damages and liabilities of every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any activities associated in anyway with the **Journey of Grace Nazarene church Events of 2024-2025**. I have full knowledge as to such activities, and I have full knowledge of the probable risks involved. Except for those limitations named in the health portion above, I certify that my child is healthy and fit to participate in all such activities. _____ **(INITIALS)**

Guaranty of Payment for Medical Treatment: If the student listed is not covered by any type of health insurance program, I hereby guarantee payment for any fees, expenses or costs related to any medical treatment I receive in connection with my participation with **Journey of Grace Nazarene church events of 2024-2025**. I understand and acknowledge that further guarantees of payment to health care professionals and institutions which provide medical treatment may be required. I also acknowledge that neither Church of the Nazarene, Inc., Nazarene Youth International (NYI), nor my child's sponsoring district/local church is responsible for the cost of my child's medical treatment and I shall indemnify, defend and hold harmless Church of the Nazarene, Inc., Nazarene Youth International, their respective officers, directors, employees, and/or agents from and against any and all claims which may be made as a result of my failure to provide payment for any medical treatment. _____ **(INITIALS)**

Media Consent Further: I acknowledge that NYI and/or its agents will be taking photographs and/or videos of the AZNYI Summer Camp 2024 event and that my child may appear in these photographs and/or videos. I hereby give my permission to AZNYI Summer Camp 2024, Arizona District Church of the Nazarene and/or Church of the Nazarene, Inc. to utilize event media in all forms and in all manners for marketing, promotional and future event development. _____ **(INITIALS)**

COVID-19 Liability Release Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which AZNYI. (the "Organization") adheres to

comply. In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

Initials: _____ I or my child am aware of the existence of the risk on my or my child's physical appearance to the venue and my participation to the activity of the Organization that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.

Initials: _____ I or my child have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.

Initials: _____ I or my child have not, nor any member(s) of my or my child's household, traveled by sea or by air, internationally within the past 30 days.

Initials: _____ I or my child did not, nor any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days.

Initials: _____ I or my child have not been, nor any member(s) of my household, diagnosed to be infected with COVID-19 virus within the last 30 days. Following the pronouncements above I hereby declare the following:

Initials: _____ I am fully and personally responsible for my or my child's own safety and actions while and during participation and I recognize that I or my child may, in any case, be at risk of contracting COVID-19. **Initials:** _____ With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me or my child related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

Initials: _____ I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

These authorizations shall remain effective till January 2025 unless sooner revoked in writing and delivered to said Agent.

Parent/Guardian Signature

Date