

2011-2012 MEDICAL & LIABILITY RELEASE

Page 1 of 2

**This Medical and Liability release is effective for the participant named: _____
from October 2011 through September 2012**

Please print in ink

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Year in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are/your child is subject and of which the youth staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

- For you/your child's safety and our knowledge, are you/is your student a—
 good swimmer fair swimmer non-swimmer
- Do you/Does your child have allergies to—
 pollens medications food insect bites
- Do you/Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap
- Date of last tetanus shot: _____
- Do you/Does your child wear glasses contact lenses
- Please list and explain any major illnesses you have/your child has experienced during the last year:

Additional comments:

Should your/this child's activities be restricted for any reason? Please explain:

Participants who fail to comply with behavior and conduct expectations may be sent home at their own or parents' [if a minor] expense.

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Refrain from displaying publically romantic affection
- Participation with the group during activity is expected
- Students may not drive themselves or others during any activity
- Respect property
- Respect one another: students, staff, adult leaders, and anyone we come into contact with
- Respect and comply with event schedules

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Kansas City First Church of the Nazarene, its staff, and any volunteer youth workers of any liability against personal losses of the named Participant for all church-sponsored events from October 2011 through September 2012.

I acknowledge that participation in any activity involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration of participation in any KCFC events, the Participant (or parent/guardian if Participant is minor) acknowledges and accepts the risks of injury associated with participation in church-sponsored activities. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained to Participant during church-sponsored activities. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless Kansas City First Church of the Nazarene and its agents, employees, volunteers, or any other representatives for any injury related directly or indirectly to participation in any church-sponsored activities, whether such injury arises out of the negligence by Kansas City First Church of the Nazarene or otherwise. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the Participant through the dates covered by this release. I also agree to incur any expenses resulting from Participant illness or the Participant's need to go home early for any reason.

Dispute Resolution: If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable dispute resolution process.

Media Release: I give permission to Kansas City First Church of the Nazarene to use any photographs or videos taken of the Participant for promotional and educational purposes, including use on the Internet.

Signature: _____
Participant or parent/guardian if participant is a minor

Date: _____

Signature: _____
Parent/guardian if participant is a minor

Date: _____