

Haven/Glendale Nazarene Youth Ministries Medical and Liability Release

Student Personal Information

First name: _____ Last Name: _____ Street Address: _____
City: _____
State/Province: _____ Zip/Postal Code: _____
Country: _____ Phone number: _____

Authorization for Medical Treatment & and Parent/Guardian Permission

First name: _____ Last Name: _____
Relationship: _____ Phone number: _____
Email: _____

Secondary Emergency Contact

First name: _____ Last Name: _____
Relationship: _____ Phone number: _____
Email: _____

Insurance Information

Primary Name: _____ Insurance company: _____
Policy Number: _____ Group #: _____

Describe any health issues or diagnoses:	Family Physician: _____ Physician Phone: _____
Please state any limitations:	Has your student been recently sick with any contagious disease?
Any Allergies?	Does your student have any food allergies?
List all current medications, dosages, and directions:	Does your student have any dietary restrictions?
Date of last tetanus shot?	Is there anything else we should know?

IN CONSIDERATION of being permitted to utilize the facilities, services, activities and programs or participation in any off-site program sponsored by or affiliated with Glendale Nazarene International/Haven Church (the "Church") and its affiliates, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, and agrees and represents the he or she has inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, the use of such premises and facilities and/or participation in the affiliated activity/program. It is further warranted that upon entry into the Church and use of Church premises/facilities and any affiliated activity that the undersigned has inspected the premises and/or program or activity (or had the opportunity to inspect and/or inquire about the activity) and having carefully considered the activity, the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN CONSIDERATION OF BEING PERMITTED TO ENTER INTO AND USE THE CHURCH FACILITIES OR PARTICIPATE IN ANY ACTIVITY (WHETHER ON-SITE OR OFF-SITE) THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN (hereinafter referred to as the "undersigned") HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Church, its directors, officers, employees, agents, volunteers, chaperoning adults, successors and all others (hereinafter referred to as "releasees") from all liability to the undersigned, his/her personal representatives, assigns, heirs, next of kin for any loss or damages, and any claim or demands therefore on account for injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with or sponsored by the Church.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presences of the undersigned in, upon or about the Church premises or participating in any program affiliated with the Church whether caused by the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasees or otherwise while in, about or upon the premises of the Church and/or while using the premises, or any facilities or equipment thereon or participating in any program affiliated with the Church.
4. FITNESS TO PARTICIPATE. I have full knowledge as to the activities associated in any way with the Church's events/programs/activities and I have full knowledge of the probable risks involved. Except for those limitations named in this health form, I certify that _____ (name of child) is healthy and fit to participate in all such activities.
5. PHOTO/TALENT RELEASE. I hereby irrevocably release, consent and allow the Church and its employees to use my photograph/likeness/voice and event media as it pertains to my participation in Church activities for marketing, promotional and future event development.
6. INSURANCE. I understand the Church does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.

7. MEDICAL RELEASE. I authorize the Church and its employees and agents to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed medically necessary by the physician at my expense if I am unable/unavailable to give such consent. I authorize a qualified member of the Church to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER is intended to be as broad and inclusive as is permitted by the laws of the State of Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND PHOTO/TALEN RELEASE AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS RELEASE.

DATE:_____ **SIGNATURE** _____

PRINT NAME:_____

GLENDALÉ NAZARENE/HAVEN CHURCH

KYLE VICK

5902 W CATCTUS RD, GLENDALÉ, AZ 85304