

Group Name \_\_\_\_\_



FUEL '08  
MEDICAL AND LIABILITY  
INFORMATION RELEASE FORM  
Please turn in to your Youth Leader upon Completion

TEEN AND ADULT PARTICIPANTS

Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Nazarene District \_\_\_\_\_ Home Church \_\_\_\_\_

TEEN PARTICIPANTS

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

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Secondary Emergency contact: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

ADULT PARTICIPANTS

Emergency Contact: \_\_\_\_\_ Secondary Contact: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

MEDICAL INFORMATION

Allergies (bee's, drugs, foods, etc...) \_\_\_\_\_

Name and Dosage of any medications taken regularly: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_



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Cont'd

Please turn in to your USA/Canada NYI Office upon completion

I, \_\_\_\_\_, the legal guardian of  
*Printed Name of Parent/Legal Guardian*

\_\_\_\_\_, authorize the leadership of FUEL 2008  
*Printed name of FUEL 2008 Participant*

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 in need of emergency treatment, I authorize the leadership of FUEL 2008 or its representative to summon any and all professional emergency personnel to attend, transport, and treat my child.

I understand that FUEL 2008 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, and/or FUEL 2008 from any and all claims, suits, costs and actions, of any kind whatsoever, arising from their exercise of the power granted by this authorization.

I understand that Nazarene Youth International and other news entities will be taking photos and filming footage this event. I acknowledge that in the future the photo(s) of participants may be used in promotion or new materials without my written consent and without monetary compensation. This liability release is valid during FUEL, July, 2008.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*

**The following section to be completed by Notary Public**

Before me, a Notary Public, in and for said County and State/Province, this \_\_\_ day of \_\_\_\_\_, 200\_, personally appeared \_\_\_\_\_ and acknowledged execution of the foregoing. IN WITNESS THEREOF, I have hereunto set my hand and Notary Seal.

STATE/PROVINCE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ Commission expiration date: \_\_\_\_\_

Notary Seal