

TNT Registration/Waiver Form –

Dates: May 8th-11th

Place: Trevecca Nazarene University
333 Murfreesboro Pike
Nashville, Tennessee 37210

THIS TNT @ TNU EVENT IS SPONSORED BY THE USA/CANADA SOUTHEAST FIELD NAZARENE YOUTH INTERNATIONAL IN COOPERATION WITH TREVECCA NAZARENE UNIVERSITY.

YOUTH SPONSORS MUST RETAIN A COPY OF THIS ORIGINAL RELEASE FORM THROUGHOUT TNT FOR ANY MEDICAL EMERGENCIES. THIS ORIGINAL FORM MUST BE SUBMITTED TO THE TNT @ TNU OFFICE TO BE RETAINED DURING TNT.

Name of Participant: _____

INSURANCE AND MEDICAL INFORMATION
(All participants must be covered by their own personal insurance.)

Please list any medical problems: _____

Allergies: _____

Past Surgeries: _____

Name of medications & dosage you will be taking at the time of the event: _____

List medications you are allergic to: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Phone: (_____) _____ Contact Person: _____

Insurance Company _____ Policy # _____

TEEN: I have read the USA/Canada SE Field Conduct Guidelines and promise to live within these guidelines during TNT @ TNU. I also promise to cooperate with District sponsors and be under their authority. I am aware that failure to do so will result in disciplinary action.

(Teen Signature)

PARENTS: I hereby give authority to Seth Lenderman, who is the NYI President of the Florida District, to obtain necessary medical attention or to authorize treatment at any hospital in the event of a medical emergency. I also recognize the authority of all adult sponsors and the TNT@TNU staff as those who will supervise this event and uphold proper conduct. The first step of discipline, should such become necessary, will be a warning and instruction. The second will be a telephone call to the parent or guardian concerning the participation of my son/daughter, _____. I understand that the event of TNT@TNU will require my son/daughter to make choices and to 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 and all staff and lay assistants of TNT@TNU, Trevecca Nazarene University, or of the Florida District NYI from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization, unless due to verifiable negligence. My son/daughter has my permission to attend TNT@TNU. **NOTE:** Valuables should be left at home!

Parent/Guardian Signature _____
(****Signature must be in the presence of a Notary Public****)

Before me, A Notary Public, in and for said County and State/Province this _____ day of _____, 20____,
personally appeared _____ and acknowledged execution of the foregoing. In Witness

Whereof, I have hereunto set my hand and Notary Seal.

State/Province of: Florida County of: _____

Notary Public Signature: _____ My Commission expiration date: ____/____/____

*****NOTARY SEAL*****