

**TNT Registration/Waiver Form –****Dates: April 9<sup>th</sup>-12th****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 &amp; 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.

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(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!

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**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 \*\*\*\*\*