

Student Release Form



Emergency Information:

Student Name: _____

Parent/Guardian Name _____

Phone (W) _____ (H) _____ (C) _____

Alternate Emergency Contact _____

Phone (W) _____ (H) _____ (C) _____

Medical Information: *(Please include a copy of current medical insurance card)*

Medical Insurance Company _____

Policy # _____ Group # _____

Physician _____ Phone _____

Emergency Medical Information / Medicine _____

Permission to administer over the counter drugs: Y _____ N _____

(OTC drugs: Ibuprofen, Acetaminophen, Benadryl, Antibiotic Ointment)

Medical Release:

I _____ DO HEREBY GRANT THE ADULTS OF THE VA DISTRICT NYI THE POWER OF ATTORNEY TO GRANT MY CHILD, _____, MEDICAL ATTENTION IN THE EVENT OF AN EMERGENCY. I UNDERSTAND THAT EVERY ATTEMPT WILL FIRST BE MADE TO CONTACT ME BUT IN THE EVENT I CANNOT BE REACHED, THE VA DISTRICT NYI IS AUTHORIZED TO ACT ON MY BEHALF. I ALSO RELEASE THOSE SAID ADULTS AND THE VA DISTRICT FROM ANY LIABILITY.

SIGNED _____ DATE _____

Media Release:

I do hereby consent to the use by Virginia District Church of the Nazarene of my child's image or voice in any video, photograph, or audio tape used for fundraising, advertising, publicity, or any other purpose on behalf of Virginia District Church of the Nazarene.

- Yes, I consent
- No, I do not consent

Code of Conduct:

Both the parent/guardian and student agree to abide by all event regulations and policies. I understand that profanity, abusive language, crude jokes, or violent behavior will not be tolerated. I agree that suggestive clothing is inappropriate for the event environment. I agree to respect event staff, fellow attendees, and the property of others. Any student who refuses to comply with the aforementioned will be sent home without refund. It will be the parent's responsibility to arrange transportation.

- Yes, I agree
- No, I do not agree

Note: VA District is not responsible for any lost, stolen, or damaged items.

Virginia District NYI – Student Release Form



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

Virginia District NYI has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 at Virginia District NYI sponsored events. However, Virginia District NYI cannot guarantee that you or your child will not become infected with COVID-19. Further, attending a Virginia District NYI sponsored event could increase your child’s risk of contracting COVID-19. I assume the risk that my child, myself, and other family members may be exposed to or infected by COVID-19 by attending any sponsored events held by Virginia District NYI, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Virginia District NYI sponsored events may result from actions, omissions, or negligence of myself, my child and others, including, but not limited to, Virginia District NYI staff, volunteers, other attendees and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injuries to my child, myself, and other family members (including, but not limited to, personal injury, disability or death), illnesses, damages, losses, claims, liability, costs or expenses, of any kind (collectively, “Claims”), that I, my child and our family may experience or incur in connection with my child’s attendance at Virginia District NYI sponsored events. On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless Virginia District NYI, its staff, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions or negligence of Virginia District NYI, its staff, volunteers, agents, and representatives, whether a COVID19 infection occurs before, during or after participation in a Virginia District NYI sponsored event.

ACKNOWLEDGEMENT OF PROGRAM MODIFICATION: I also acknowledge that I fully understand and accept that the sponsored events provided by Virginia District of the Nazarene will be vastly different as compared to pre-COVID years and activities and plans will be based on the most current directives or guidance in place at the time of each sponsored event. Program modifications may include, but not be limited to, socially distanced activities, modified lesson plans and activities, location changes, modified drop-off /pick-up procedures, and lower enrollment maximums. Additionally, I acknowledge that all participants attending any Virginia District NYI sponsored event held indoors OR outdoors may be required to use personal protective equipment such as cloth masks (with any requirements in effect for students, staff, and instructors), depending on the local, federal or state guidance at the time that event occurs. Attendees must provide their own masks.

Student Name (print legibly)

Name of Parent/Guardian (print legibly)

Signature of Parent/Guardian

Relation to Student (print legibly)

Date Signed