



Agreement Form

March 30 - April 2 2017
Nazarene Youth International

I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
(name of parent or guardian) (city) (county) (state)

am the ( )father, ( )mother, ( )legal guardian (check one) of \_\_\_\_\_
(name of minor)

a minor of whom I have full custody and control, who will be attending SNU's Extravaganza on the campus of Southern Nazarene University, City of Bethany, County of Oklahoma, State of Oklahoma.

I, \_\_\_\_\_(participant) hereby acknowledge that I have voluntarily decided to participate in the above detailed Trip/Event.

INFORMED CONSENT: I have been informed and am confident that I understand the various aspects of this Trip/Event including but not limited to the arrangements for finances, travel, itinerary and logistics. I further understand and acknowledge that despite careful planning and supervision, serious injuries might occur during this Trip/Event. Persons involved may sustain fatal or serious injury, property damage, or severe social and/or economic loss as a consequence of not only their own actions, inactions, or negligence, but the actions, inactions, or negligence of others, weather conditions, conditions of equipment, language barriers, differing social cultures and laws. There may also be other risks not foreseeable at this time.

ACCEPTANCE OF RISK AND RELEASE OF LIABILITY: I accept full responsibility for the foregoing risk of injury, permanent disability or death. In consideration of the opportunity to participate in this Trip/Event I release and discharge Southern Nazarene University, its officers, employees, and agents (hereinafter collectively referred to as "University") from all liability defined herein arising out of or in connection with my participation in the above described Trip/Event. For the purpose of this Agreement, liability means all claims, demands, causes of action, suits or judgments of any kind (including court costs and attorney's fees) that I, my heirs, executors, administrators, assignees, or any other person or entity may have against the University because of my death, personal injury, illness, or for any loss. I hereby agree that this Agreement shall be constructed in accordance with the laws of the State of Oklahoma.

INDEMNIFICATION: I agree not to sue the University and hold harmless, defend, and indemnify the University from any and all liability as described above that may occur due to my participation.

PARTICIPANT AGREEMENT: I understand that University policies as detailed in the Community Handbook extend to University-sponsored events off-campus.

Rules and Requirements: I agree to accept all the rules and requirements of the Trip/Event and to follow instructions when given by a University or any Trip/Event official. I acknowledge that as an adult I am responsible for my actions and cannot expect twenty-four hour supervision by a University or any Trip/Event official. I further grant the right to the University or any Trip/Event official to terminate my participation in the Trip/Event if it is determined that my conduct is detrimental to the best interest of the group. In the event that I must return home, costs shall be at my own personal expense.

Medical Insurance: I hereby confirm I am covered by medical insurance that will pay for medical services required and/or received for the period of the travel.

Medical Consent: In the event of any medical emergency, I authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and/or hospital care deemed necessary for my safety and protection.

I HAVE READ THIS AGREEMENT AND RELEASE ALL LIABILITY AND UNDERSTAND THE TERMS. I EXECUTE THIS AGREEMENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Printed Name of Parent/Guardian Date

Signature of Parent/Guardian Signature of Adult Participant

THIS FORM HAS TWO SIDES!!!!

PARTICIPANT INFORMATION:

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Ins Co:

Ins ID #:

Emergency Contact 1 Information:

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact 2 Information:

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical/Health Information: Please describe below any health (medical/ physical/ psychological/ emotional) conditions, special circumstances, medications, or allergies the University should be aware of:

**Both sides/pages of this form must be completed and turned in at event check-in prior to participation**

**EXTRAVAGANZA**  
AT SOUTHERN NAZARENE UNIVERSITY