

MAX@MNU TEEN ENTRANT & SPECTATOR REGISTRATION FORM – PART I

LOOK FOR EVENT RULES AND INFORMATION AT www.mnu.edu/max

(Please **LEGIBLY PRINT** all information)

District: _____ Church _____ **T-Shirt Size:** S M L XL XXL XXXL

Name: _____ Date of Birth: ___/___/___ Age: _____ Gender: Male ___ Female ___

Address: _____
_____ (Street)
_____ (city) _____ (state) _____ (zip code)

Cell phone: (____) _____ E-Mail Address: _____ High School Graduation Year: _____

ENTRANT INFORMATION (Check one) _____ Junior High (Grade 8 and below) Teen Entrant
_____ Senior High (Grade 9 and up) Teen Entrant
_____ Adult Chaperone

RULE: See MAX@MNU Handbook, pg. 5-8, for Liberal Arts Requirements, including a maximum of **ONE** tournament (*) style event. **Individual Sports or Nightly Options listed below are not counted toward this limitation.**

BIBLE QUIZZING

___ * "A" League Quizzing
___ * "B" League Quizzing

CREATIVE WRITING

___ Fiction/Nonfiction _____
___ Poetry _____

ATHLETICS

INDIVIDUAL SPORTS Fri-Sat
___ Bowling
___ 5k Run
___ Tennis

LIBERAL ARTS- Please write the name of your piece on the line after the category.

VOCAL MUSIC

___ Vocal Solo _____
___ Vocal Ensemble _____
Ensemble Name _____
Ensemble Members _____

PREACHING

___ Preaching _____

DRAMA:

___ Spoken Word _____
___ Monologue _____
___ Sketch _____
___ Sticks _____
___ Sign Language _____

TEAM SPORTS Fri-Sat

___ * Co-Ed Soccer
___ * Co-Ed 7 on 7 Football
___ * Ladies' JH Basketball
___ * Ladies' SH Basketball
___ * Men's JH Basketball
___ * Men's SH Basketball
___ * Ladies' Volleyball

MUSICAL THEATER

___ Musical Theater _____

DANCE: CREATIVE ARTS

___ Dance _____

WORSHIP BAND

___ *Worship Band Name* _____

PHOTOGRAPHY

___ Portrait _____
___ Architecture _____
___ Land/Sea Scape _____
___ Cellular Device _____

THURSDAY NIGHT OPTIONS

___ Three Point
___ Spikeball Tournament
___ Table Tennis
___ 4 Person Sand Volleyball

INSTRUMENTAL MUSIC

___ Instrumental Solo _____
___ Keyboard Solo _____
___ Instrumental Ensemble _____

ART

___ **General**
___ Oil/Acrylic _____
___ Water _____
___ Chalk/Pastels _____
___ Pencil _____
___ Pen/Ink _____
___ **Creative Art**
___ Jewelry _____
___ Sculpture _____
___ Ceramics _____

FRIDAY NIGHT OPTIONS

___ Junior High Dodgeball
___ Senior High Dodgeball

EXHIBITION EVENTS

___ EA Sports
___ Frisbee Disc Golf

_____ is a member of the local NYI.
(Participant's name)

(Pastor or Local NYI President's Signature)

MAX REGISTRATION FORM – PART II

Dates: April 18-20, 2024
Fee: \$145 per person (student & adult)

Location: MidAmerica Nazarene University
2030 E College Way
Olathe, KS 66062-1899
913.782.3750 800.800.8887

(Please send your money and applications to your District Coordinators not MNU)

THIS MAX EVENT IS SPONSORED BY THE NORTH CENTRAL FIELD NAZARENE YOUTH INTERNATIONAL IN COOPERATION WITH MIDAMERICA NAZARENE UNIVERSITY. YOUTH SPONSORS MUST RETAIN A COPY OF THIS ORIGINAL RELEASE FORM THROUGHOUT MAX FOR ANY MEDICAL EMERGENCIES. THIS ORIGINAL FORM MUST BE SUBMITTED TO THE MAX @MNU REGISTRATION OFFICE TO BE RETAINED DURING MAX.

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 Field Conduct Guidelines and promise to live within these guidelines during MAX @ MNU. 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 Fred Toomey, who is the Field Youth Coordinator of the North Central NYI, 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 MAX@MNU 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 MAX @ MNU 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 District/Field NYI or MidAmerica Nazarene University 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 MAX@MNU. All Covid – 19 policies will be followed according to CDC and Johnson County guidelines. **NOTE:** Valuables should be left at home!

MIDAMERICA

NAZARENE UNIVERSITY

ASSUMPTION OF RISK, RELEASE, WAIVER OF LIABILITY, AND MEDICAL TREATMENT AGREEMENT

In consideration of the services provided by MidAmerica Nazarene University, its board, trustees, employees, volunteers, participants, and all other persons or entities acting in any capacity on its behalf (collectively referred to as "UNIVERSITY") in conjunction with the opportunity to participate in MidAmerica Extreme (MAX) or stay overnight in the University dormitory ("Event"), I hereby agree to release, hold harmless, and discharge UNIVERSITY, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. Some or all of the Event will be held at the UNIVERSITY, but I understand and acknowledge that the Event is not designed, operated, supervised, or sponsored by the UNIVERSITY. The Event is designed, operated, and supervised by an independent, third party. The third party is only renting the UNIVERSITY facilities.
2. I acknowledge that my participation in the Event entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated. I further understand that the UNIVERSITY dormitory is occupied by students attending the UNIVERSITY and that portions of the Event are not guided or supervised.
3. I agree to follow all rules and policies of the University while participating in the Event. I further understand that the University may ask me to leave the Event at any time for any reason.
4. I acknowledge that there are risks, known and unknown, related to COVID-19 involved with my participation in the Event. These risks include exposure to or infection from COVID-19 and health consequences due to such exposure or infection. These risks are unavoidable and I may contract COVID-19, including because of negligence of any person or otherwise. I understand that I cannot be guaranteed that I will not contract COVID-19, including at the UNIVERSITY through participation in the Event. I agree and promise to accept and assume all the risks associated with COVID-19 through my participation in the Event.
5. I expressly agree and promise to accept and assume all the risks existing in the Event. My participation in the Event is purely voluntary, and I elect to participate despite the risks. I further certify that I am willing to assume the risk of any medical or physical condition I may have. I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in the Event, with the understanding that the cost of any such treatment will be solely my responsibility. I further understand that I am responsible for any damage that I cause during the Event.
6. **I hereby voluntarily release, waive, and forever discharge any and all claims of negligence against UNIVERSITY that relate in any way to any activity I undertake in conjunction with the Event, including transportation to and from the Event.**
7. Should UNIVERSITY or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify, defend, and hold them harmless for all such fees and costs.
8. I understand that UNIVERSITY does not maintain an insurance policy that would provide coverage in the event that I am injured during the Event or cause any injury during the Event. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the Event, or else I agree to bear the costs of such injury or damage myself.
9. I understand that UNIVERSITY may photograph, film, and/or record ("Medium") my participation in the Event. I authorize UNIVERSITY to use Medium and my likeness in conjunction with any UNIVERSITY marketing and/or

promotional materials, including, but not limited to, social media accounts. I understand that I will not be compensated in any way for such use.

In the event that I file a lawsuit against UNIVERSITY, I agree to do so solely in the State of Kansas, and I further agree that the substantive law of Kansas shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement. I further certify that I have read and understood it, and I agree to be bound by its terms.

I further acknowledge that this document contains a negligence waiver and indemnification provisions. I further understand that this document may bar a lawsuit or any other legal claim that I may have against UNIVERSITY.

Signature of Participant: _____ Print Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Date: _____

PARENT'S OR GUARDIAN'S WAIVER

(Must be completed by **all** parents and guardians for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted to participate in the Event, I agree that my child's participation in the Event is to be bound by the terms of this Agreement and further agree to waive any and all claims of negligence against UNIVERSITY which are brought by, or on behalf of Minor, and which are in any way connected with the Event, including transportation to and from the Event.

Parent or Guardian: _____ Print Name: _____

Date: _____

Parent or Guardian: _____ Print Name: _____

Date: _____

Mail Completed Forms and Payment to:

Pastor Melissa Jones
1901 E. 10th St.
Rolla, MO 65401

All applications must be postmarked by March 27th.

Cost - \$145/person