

**MAX@MNU TEEN ENTRANT & SPECTATOR REGISTRATION FORM – PART I****LOOK FOR EVENT RULES AND INFORMATION AT [www.mnu.edu/max](http://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 TWO tournament (\*) style events. **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 Small Ensemble (2-4) \_\_\_\_\_

*Ensemble Members* \_\_\_\_\_

\_\_\_\_ Vocal Ensemble (5-up) \_\_\_\_\_

*Ensemble Name* \_\_\_\_\_**PREACHING**

\_\_\_\_ Preaching \_\_\_\_\_

**DRAMA:**

\_\_\_\_ Spoken Word \_\_\_\_\_

\_\_\_\_ Monologue \_\_\_\_\_

\_\_\_\_ Sketch \_\_\_\_\_

**DRAMA: Creative Arts**

\_\_\_\_ Mime/Human Video \_\_\_\_\_

\_\_\_\_ Sticks \_\_\_\_\_

\_\_\_\_ Color Guard \_\_\_\_\_

\_\_\_\_ 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

**WORSHIP BAND**

\_\_\_\_ Small (2 or more) \_\_\_\_\_

*Worship Band Name* \_\_\_\_\_**INSTRUMENTAL MUSIC**

\_\_\_\_ Instrumental Solo \_\_\_\_\_

\_\_\_\_ Keyboard Solo \_\_\_\_\_

**DANCE: CREATIVE ARTS**

\_\_\_\_ Dance \_\_\_\_\_

**PHOTOGRAPHY**

\_\_\_\_ Portrait \_\_\_\_\_

\_\_\_\_ Architecture \_\_\_\_\_

\_\_\_\_ Land/Sea Scape \_\_\_\_\_

**THURSDAY NIGHT OPTIONS**

\_\_\_\_ Three Point

\_\_\_\_ Spikeball Tournament

\_\_\_\_ Table Tennis

\_\_\_\_ 4 Person Sand Volleyball

**ART**

\_\_\_\_ General

\_\_\_\_ Oil/Acrylic \_\_\_\_\_

\_\_\_\_ Water \_\_\_\_\_

\_\_\_\_ Chalk/Pastels \_\_\_\_\_

\_\_\_\_ Pencil \_\_\_\_\_

\_\_\_\_ Pen/Ink \_\_\_\_\_

\_\_\_\_ Creative Art

\_\_\_\_ Jewelry \_\_\_\_\_

\_\_\_\_ Sculpture \_\_\_\_\_

\_\_\_\_ Ceramics \_\_\_\_\_

**FRIDAY NIGHT OPTION**

\_\_\_\_ Junior High Dodgeball

\_\_\_\_ Senior High Dodgeball

**EDUCATION – FRIDAY ONLY**

\_\_\_\_ Math Test

\_\_\_\_\_ is a member of the local NYI.

(Participant's name)

(Pastor or Local NYI President's Signature)

## MAX REGISTRATION FORM – PART II

**Dates:** April 16 – April 18, 2020

**Fee:** \$60 Teen Entrant (regional registration) includes all events, Speaker, Band, shirt, awards and food (Friday Lunch, Friday Dinner, Sat. Brunch)  
\$40 Adult Chaperone

**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. **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:** \_\_\_\_\_ **County of:** \_\_\_\_\_

**Notary Public Signature:** \_\_\_\_\_ **My Commission expiration date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*NOTARY SEAL\*\*\*\*\* (If your District Requires it.)



#### **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. 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.
2. 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.
3. I expressly agree and promise to accept and assume all of 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.
4. **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.**
5. 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.
6. 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.
7. 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: \_\_\_\_\_