

MAX@MNU 2025 TEEN ENTRANT & SPECTATOR REGISTRATION FORM – PART I

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

(Please LEGIBLY PRINT all information)

District: JOPLIN Church _____ **T-Shirt Size:** S M L XL 2XL 3XL 4XL

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

Address: _____
(Street)

_____ (city) (state) (zip code)

Home phone: (____) _____
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**
 - _____ **Teen Spectator (Junior High or Senior High - Circle One)**
 - _____ **Adult Spectator**

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 (Fri. afternoon)
- ___ 5k Run (Sat.)
- ___ Frisbee Disc Golf (Sat.)

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 _____

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 _____

THURSDAY NIGHT OPTIONS

- ___ Three Point
- ___ Spikeball Tournament
- ___ Table Tennis
- ___ 4 Person Sand Volleyball
- ___ EA Sports

WORSHIP BAND

- ___ Worship Band Name _____

PHOTOGRAPHY

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

SATURDAY OPTIONS

- ___ Junior High Dodgeball
- ___ Senior High Dodgeball
- ___ Service Project @Havencroft Elementary

INSTRUMENTAL MUSIC

- ___ Instrumental Solo _____
- ___ Keyboard Solo _____
- ___ Instrumental Ensemble _____
- Ensemble Members _____
- What instrument will you be playing? _____

FILM FESTIVAL

- ___ Comedy
- ___ Documentary
- ___ Drama

ART

- ___ **General**
- ___ Oil/Acrylic _____
- ___ Water _____
- ___ Chalk/Pastels _____
- ___ Pencil _____
- ___ Pen/Ink _____

ART

- ___ **Creative Art**
- ___ Jewelry _____
- ___ Sculpture _____
- ___ Ceramics _____

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

(Pastor or Local NYI President's Signature)

MAX@MNU 2025 REGISTRATION FORM – PART II

Dates: April 24-26, 2025
Fee: \$65 per person (student & adult)

Event 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!

Parent/Guardian Signature _____

Date _____

Please turn in forms and money to pastor/sponsor no later than Wed, March 26, 2025

FORMS AND PAYMENT NEED TO BE MAILED BY PASTOR/SPONSOR TO:
(Postmarked no later than Thursday, March 27, 2025)



**MAX CO-COORDINATOR
MARLA SCHMITT
928 LAKEWOOD DR
MONETT, MO 65708**

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: _____