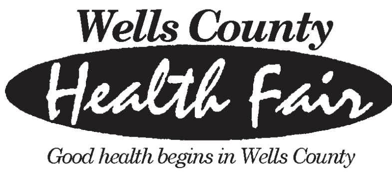

Registration Form

October 7, 2017
Date

Last Name | First Name | M. I.

Address | City | State | Zip Code

Home Phone | Personal Physicians' Name

❑Male ❑Female
Age | Date of Birth

Consent & Release Statement

I agree and request that health checks be performed for me by the healthcare providers participating in the Wells County Health Fair. I understand that all health checks will be performed without charge to me unless otherwise stated.

I release and agree not to hold the Wells County Health Fair and its participating organizations liable in connection with health checks and the Health Fair project. This includes, but is not limited to, anything committed or omitted by any of the participating organizations, their employees or other representatives which may arise, and/or from any distributed information, and/or educational services performed at the Wells County Health Fair site.

I also agree to indemnify the Wells County Health Fair and its sponsors from any loss or claim made against them by me or someone on my behalf due to my participation in the Wells County Health Fair. This indemnification will include all reasonable costs of the investigation and defense, including reasonable attorney fees.

I understand that:

1. The data derived from the health checks is to be considered preliminary and not conclusive;
2. I, not the participating organizations, am responsible for initiating any follow-up examinations for abnormalities identified at the Wells County Health Fair;
3. Not all health checks will be conducted by doctors and nurses.
4. The health checks provided me are not comprehensive and should not take the place of regularly scheduled medical examinations. If there are specific medical complaints on my part, I should consult my personal physician regardless of the health check results.
5. Health volunteers will have access to my test results only for the purpose of forwarding final test information.
6. No other individual or agency will have access to my test results without written permission from me.

I have read and understand the above paragraphs:

Date: ____________________ ____________________
Signature—Participant

Date: ____________________ ____________________
Signature—Witness