

Passion Waiver 2019

First and Last Name	Home Phone	Cell Phone	
Home Street Address	City	State	Zip
Email			

Insurance Company – Primary		Subscriber Birthdate
Policy #	Group #	Subscriber's Relationship to listed below

Birthdate		Circle: Male or Female
Food Allergies	Medical Conditions	Current Medications

I do hereby give my permission to take part in Passion 2019, being sponsored by Vineyard Cincinnati Young Adult Ministry. I grant permission for Vineyard Cincinnati Church's Young Adult Ministry to use photographs, still images, and video tapings taken during this event for the sole purpose of presentations publications, and website use. This permission is applicable for current, as well as, future project use.

Vineyard Cincinnati and affiliations that are associated with Vineyard Cincinnati under stand a respect your privacy. There may arise a situation where you require medical treatment or medical treatment at a medical facility. To be compliant with the Privacy Law, (HIPAA), enacted by the Federal Government in 2003, Vineyard Cincinnati and affiliations associated with Vineyard Cincinnati will not disclose any medical information about you to any individual without your authorization. Your medical information including any medical documentation that may be completed by a staff member will be kept in a secure place. You have the right to revoke this authorization at any time.

In the event that you are injured while participating, I do hereby authorize and consent to any x-ray exam, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any licensed medical or dental staff member on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable.

I authorize individuals assigned as temporary guardians by Vineyard Cincinnati and affiliations associated with Vineyard Cincinnati to review my medical release record filed for this event or activity. The review of a medical record will be needed in the event of a medical emergency or to monitor medications or prescriptions being taken by me.

I authorize individuals assigned by Vineyard Cincinnati and affiliations associated with Vineyard Cincinnati to accompany me to a medical facility in the event of a medical emergency requiring physician intervention.

I authorize individuals assigned by Vineyard Cincinnati and affiliations associated with Vineyard Cincinnati to obtain and release medical information to qualified medical personnel when it is deemed pertinent to my illness or injury.

First and Last Name (Please Print) _____

(Signature) _____ Date _____