

SOS: Summer of Service

ADULT VOLUNTEER WAIVER June 17-21, 2019

Mail to: Vineyard Cincinnati (c/o Jen Johnson) 11340 Century Cr East, Cincinnati, OH 45246 or Email a copy to: johnson@vineyardcincinnati.com or Fax: 513-671-2041

Name (First)		(Last)		Home Phone		Date of Birth	
Street Address				City		State	
Cell Phone		Email		Home Church Name		Circle: Male or Female	
Emergency Contact Name			Relationship to Participant		Emergency Home Phone		Emergency Cell Phone

Insurance Company – Primary		Subscriber Birthdate	
Policy #	Group #	Current Prescription(s)	
Food Allergies/Preferences	Environmental Allergies	Medical Conditions we need to be aware of:	

I do hereby consent to take part in **SOS**, being sponsored by Vineyard Cincinnati **June 17-21, 2019**. I grant permission for Vineyard Cincinnati to use photographs, still images, and video tapings taken during this event for the sole purpose of decorative camp enhancements, 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 understand and respect your privacy. A situation may arise 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 or individuals that are not in direct care or temporary guardianship 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. It is further understood that efforts shall be made to contact the Emergency Contact listed above and prior to rendering treatment to the above named person, but that any of the above mentioned treatments shall not be withheld if I cannot be reached.

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 my medical record will be needed in the event of a medical emergency or to monitor medications or prescriptions being.

I authorize individuals assigned as temporary guardians 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 as temporary guardians 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.

Participant's Signature _____ Date _____