

Client Policy and Procedures: *(Please initial)*

_____ I have received a copy of the "HIPAA Notice of Privacy Practices".

_____ I have received a copy of the "Client's Rights and Responsibilities and Grievance Procedure".

_____ I understand that there will be a \$20.00 service charge for all returned checks.

EMERGENCY CONTACT INFORMATION

List person we may contact in case of emergency (If possible someone from outside the home.)

Name: _____ Relationship: _____ Phone: _____

Waiver and Consent Agreement:

I consent to participate voluntarily in the Kaua`i Great Weigh Out. I am aware that this program includes health screenings which include but is not limited to monitoring of blood pressure, weight, body mass index, and a lipid profile. I understand that any information obtained will be kept confidential and used only for statistical data and my own benefit. My signature next to my name acknowledges that I agree for myself, my heirs, executors and administrators to release, indemnify and hold harmless all Kaua`i Great Weigh Out core committee members and Ho`ōla Lāhui Hawai`i committee members, its affiliates, officers, directors, employees, volunteers and all sponsoring businesses and organizations and their agents and employees from any and all liability, claims, demands and causes of action whatsoever arising out of my participation in this event and related activities, whether it results from negligence of any of the above or from any other cause. I further agree that this consent and waiver agreement shall be applicable to any owner of a facility and/or property at or upon which the program is held. I am solely responsible for my own health and safety. I represent that I am physically fit and able to participate in this program. I am hereby, advised to consult my physician before participating in this program. Furthermore, I hereby grant full permission to any and all of the foregoing to use my name, my voice and or my picture or likeness in any broadcast, telecast, advertising, promotion or other account of this event for any purposes whatsoever. I have read, understand and agree to the terms of this agreement and have, of my own free will, signed below to indicate so.

Signature

Date

If other signing, print name: _____ Witness: _____

Form: KGWO Patient Registration

Effective Date: 1/02/06

Reviewed by: _____

Date: _____

Revised Date: 11/05

Healthy Hawaiian Lifestyle New Update