

Disclaimer and Release for Health Fair Screening Tests

I request the following screening tests:

_____ Blood Pressure

_____ Total Blood Cholesterol Test

_____ Blood Glucose Test

I agree to release Victory Life Church, its employees and any other organization or person associated with these tests from any liability whatsoever in connection with the testing procedures, or any aspect of the screening.

I understand that the results of these tests will be furnished directly to me and that no other personal record of my results will be kept, except that the general results from all the screening tests conducted at this health fair may be compiled for overall demographic assessments.

I understand that these tests are for screening purposes only and the results are preliminary and should in no way be considered conclusive. Moreover, by providing these results Victory Life Church and its related parties are not giving medical advice. For a better understanding of the results of these tests, for more conclusive measurements and for any additional medical advice and treatment, I understand that it is my responsibility to contact my own personal physician.

Date: _____ Signature: _____

Please print name: _____