

**MEDICAL TREATMENT, CONSENT  
WAIVER AND RELEASE**  
Northern New England District

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle Initial

Name of physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Business address \_\_\_\_\_  
Street address City State/Province  
Zip/Postal

Name of dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Business address \_\_\_\_\_  
Street address City State/Province  
Zip/Postal

**HIPAA ACKNOWLEDGEMENT**

For purposes of compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules, all health care providers shall treat my acting health care agent as my Personal Representative. As required by 45 CFR 164.524, I hereby expressly authorize any physician, hospital and any other person or organization to release and disclose to my agent any information any of them may have concerning any treatment, diagnosis, recommendation, or other facts which they may have concerning my physical condition and any health care, counsel, treatment or assistance provided to me. My Personal Representative may authorize disclosure of my protected health information to others. Health care providers covered by HIPAA include, but are not limited to, the physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, insurance company and health care clearing houses.

**AUTHORIZATION FOR MEDICAL TREATMENT**

This health history is correct to the best of my knowledge and I am able to engage in all activities involved with this trip except as noted. I hereby give permission to the medical personnel selected by One Child Matters and/or Northern New England District staff or other trip participants who, in the event I am incapacitated, I appoint as my health care Agent/Personal Representative to order, authorize and consent to x-ray examination(s), routine diagnostic tests, anesthetic, medical or surgical treatment and to maintain and/or release any medical records necessary for insurance purposes as set forth under the HIPAA regulations contained herein. I also authorize my Agent to provide or arrange necessary related transportation for me in an emergency. I hereby give permission and authorize the licensed physician(s) selected by my Agent to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed by me.

I further authorize the physician(s) or licensed dentist(s) to associate any necessary medical providers at his/her discretion. I understand that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage my Agent and said physician(s) or dentist(s) to exercise their best judgment regarding the requirements of such diagnosis or medical, dental or surgical treatment.

I agree to remain fully liable and responsible for the payment of any such hospital, physician, ambulance, dental or medical expenses with exception of the Accident Coverage as set forth below. I further agree that in giving this permission, authorization and consent, One Child Matters or Northern New England District A/G do not assume any responsibility or liability for the payment of such hospital, physician, ambulance, dental or other medical expenses which may be incurred.

### **ACCIDENT COVERAGE**

I understand that my personal health insurance will provide primary coverage for any accident, incident or event that occurs while I am a trip participant and further understand that One Child Matters will provide an international travel health insurance policy which provides secondary coverage to my health insurance.

My Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

☐ Not currently insured.

ACKNOWLEDGEMENT AND ASSUMPTION OF INHERENT RISK AND RELEASE

**I acknowledge and understand that there are inherent risks associated with One Child Matters/Northern New England District trips. I will assume the risk associated therewith, whether known or unknown to me at this time. I recognize that my participation with a One Child Matters/Northern New England District trip is a privilege and as consideration for this privilege, I release One Child Matters or Northern New England District A/G including its employees, agents and trustees, from responsibility for my accidental physical injury, medical illness or death while participating with the trip(s) or during One Child Matters/Northern New England District sponsored travel to or from the trip. Furthermore, I hold One Child Matters and the Northern New England District A/g harmless for any negligent act committed by its employees, agents or trustees while I am participating with a trip(s) and release it from any and all liability, claims, demands, actions or rights of action, which are related to or are in any way connected with my participation with the trip(s). This release is also intended to include all claims or actions or right to actions made by my family, estate, heirs, Agent/Personal Representative or assigns.**

This form may be photocopied and utilized by my Agent for all such trips in which I participate.

IN WITNESS WHEREOF, I have executed this document this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Printed Name of Participant:** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known to be the person described in and executed the foregoing instrument and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal in the County of \_\_\_\_\_, State of \_\_\_\_\_, the day and year first above written.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_

**COVENANT NOT TO SUE NORTHERN NEW ENGLAND DISTRICT OF THE ASSEMBLIES OF GOD**

Please read statements below and sign

The undersigned understands and acknowledges hereby being invited to participate with the Northern New England District of the Assemblies of God, in certain travel activities connected with its business activities and child sponsorship. The undersigned has been informed of the risks that may result from such participation, including, but not necessarily limited to, acts of violence perpetrated upon the undersigned individually or in a group, kidnapping, piracy, hijacking, and/or the possibility of accident or disease. The undersigned nevertheless has voluntarily chosen to participate in and travel with the Northern New England District.

The undersigned further understands and acknowledges that it is his or her responsibility to obtain the necessary documents for entry into any foreign country, including, but not limited to visas and passports, and to seek medical advice regarding any specialized pretreatment or treatment, medication, or immunization that may be personally required for travel with Northern New England District of the Assemblies of God. The undersigned further acknowledges having had the opportunity to consult with legal counsel and with respect to rights and obligations under this Release and Covenant Not to Sue and the legal effect thereof.

Having been fully appraised of the risks, and in consideration of allowing the undersigned to travel with Northern New England District of the Assemblies of God, the undersigned hereby releases and covenants not to sue Northern New England District of the Assemblies of God employees, officers, directors, successors, assigns, heirs, personal representatives, agents and attorneys, with respect to all claims, demands, actions or causes of action, liabilities, judgments and executions which the undersigned may have, for all injury, including but not necessarily limited to: (I) personal injury, disease, illness, accident, disability, death or other injury of any kind, and (II) injury or loss to property, real or personal, caused by or arising out of participation in or travel with Northern New England District of the Assemblies of God.

There is no reservation or agreement not clearly expressed herein. The undersigned has read this Release and Covenant Not to Sue and understands all of its terms. The undersigned executes it voluntarily, with full knowledge and intention to be legally bound. This Release and Covenant Not to Sue is made in and shall be governed by and construed according to the laws of the State of Colorado, United States of America.

By signing this document, I agree to abide by the above covenant for the next 365 days.

IN WITNESS WHEREOF, this Release for Covenant not to Sue is executed this			day of		the year	
Name (please print)	Signature			Date		
Witness Name (please print)	Signature			Date		

**SIGNATURE FOR APPLICATION**

My signature indicates my affirmation that all information contained in this application is correct to the best of my knowledge. Furthermore, my signature indicates my unconditional commitment to abide by all statements contained in this application.

Full Name (please print)	Signature	Date
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You're all done. Please mail this form to *Real Women Real Life* Director, Northern New England District, P O Box 611, Portland, ME 04104-0611.