CLÍNICA ESPERANZA DE VIDA

HEALTH FAIR 2026 TAKING CARE OF YOURSELF IS LIVING TOO!

CONSENT AND RELIEF OF LIABILITY

MINOR'S INFORMATION

FULL NAME: _____

DOB: _____ AGE: _____ SEX: ___ F ___ M

ADDRESS: _____

_____

RESPONSIBLE ADULT INFORMATION

FULL NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

_____

CONSENT AND RELEASE OF LIABILITY

I, _____, ____ Father, ____ Mother or ____ Guardian of _____ and being 18 years of age or older; and having received satisfactory information about the health procedures, I authorize and release from liability and inconvenience the volunteer servers, successors, offspring, or organizing institutions of this event from any consequences of the procedures, which in good faith and professionalism will be performed on behalf of my child at the health fair held for the entire community in the city of Keene, Texas.

_____ _____

Signature Date

Sponsored by the Adventist Churches and other community service organizations in this area.