



79th Annual O'odham Wapkiat Ha-Tas



1, 2 & 3 Mile Fun run and walk Friday, January 27, 2017 Sells Arizona

Name: _____

Community: _____ (Circle one: Male / Female)

Phone #: _____ AGE: _____

Address: _____

(please circle one answer below)

Do you have Diabetes? Yes / No / I don't know

I hereby waive and release the Tohono O'odham Department of Health & Human Services, Healthy O'odham Promotion Program (HOPP) and Tohono O'odham Police Department and all sponsoring organizations from any and all liability or claims for any injuries sustained by me, including anything that is related to my participation in this event. I also agree to allow the HOPP to videotape, audiotape and photograph me for use in program presentations and promotional materials. I understand that this will benefit the program, and therefore myself, and recognize that HOPP Committee will use these materials at the discretion they see fit.

HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED FOR PURPOSES OF TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS, WHICH INCLUDE:

- Plans for your care and treatment.
- Communication sources between health care professionals.
- Tools with which we can check results and continually work to improve the care we provide.
- Means by which Medicare, Medicaid or private insurance payers can verify the services billed.
- Tools for education of health care professionals.
- Sources of information for public health authorities charged with improving the health of the people.
- Sources of data for facility planning and marketing.
- Legal documents that describe the care you receive.

Signature of Participant

DATE

Print Name of Participant

DATE