



**BestHealth Best You Challenge  
INTENTION AND LIABILITY RELEASE**

**INTENTION:**

It is the intention of BestHealth and Wake Forest Baptist Health and its directors, officers, employees, and volunteers to provide information in regard to nutritional excellence, stress management, fitness, attitude, and the power of thoughts and words. The role of BestHealth and Wake Forest Baptist Health will be as a facilitator. It is expected that people receiving information from BestHealth and Wake Forest Baptist Health and/or participating in any of their BestHealth Best You events will be responsible for their own health and will be under the care of a medical professional for that purpose.

**LIABILITY RELEASE:**

**Explanation and Purpose of the Pre/Post screening.** You have requested to participate in a BestHealth wellness challenge screening that will include one or more of the following tests: Blood pressure, weight, height, body measurements, cholesterol/glucose and body mass index (BMI).

**Risks.** These are non-invasive screening tests and therefore are not associated with any risks from the screening.

**Responsibilities of the Participant.** You are solely responsible for obtaining any necessary follow-up medical advice or attention based on the results of this complimentary health screening. You agree to assume full responsibility, at your expense, for obtaining any additional tests and/or care recommended by physicians or other screening personnel during the screening. Your results will NOT automatically be sent to a medical provider on your behalf.

**Inquiries.** You should not participate in this health screening or BestHealth challenge unless you fully understand the potential risks of doing so. You are strongly encouraged to ask questions of the screening staff if you do not understand the risks or the procedures being performed.

**Confidentiality.** Any personal health information obtained in conjunction with your health screening will be kept confidential and will not be released or revealed to any person without your written consent. The information obtained, however, may be used for research or statistical purposes so long as the same does not provide facts that could lead to your identification.

**Release of Claims.** I acknowledge that I have read this document in its entirety (or that it has been read to me) My permission to perform this health screening and participate in the BestHealth wellness challenge is given voluntarily and extends to all screening personnel, including volunteers. I understand that I am free to stop at any point, if I so desire. I understand the potential risks and discomforts, and have had an opportunity to ask questions that have been answered to my satisfaction. I understand that the screening services I have chosen to participate in are not 100% accurate and may not detect related diseases. The providers of the screening services or BestHealth Challenge facilitators will not be responsible for failure to detect related diseases or any other disease. I understand that the screenings do not constitute a complete medical exam. I HEREBY RELEASE WAKE FOREST BAPTIST HEALTH, WAKE FOREST UNIVERSITY HEALTH SCIENCES AND ANY OTHER ORGANZIATION INVOLVED IN THIS EVENT AND THEIR TRUSTEES, EMPLOYEES AND AGENTS, FROM ANY AND ALL LIABILITY, MEDICAL CLAIM OR EXPENSE WHICH MAY ARISE FROM MY PARTICIPATION OR ANY INJURY DURING THIS EVENT. This release shall also be binding upon my heirs, executors, and administrators.

---

Signature of Participant

---

Date

I agree to the Intention and Liability Release