

PO Box 460, Apple Creek, OH 44606 | Phone (330) 698-5465 | interlinkfamily@aol.com | www.interlinkministries.org

Health Insurance Waiver

WAIVER AND ASSUMPTION OF RISK

I,	, hereby fully waive ar	nd release, Int	terlink Minis	stries, Inc.
Member (printed or typed)				
of PO Box 460, Apple Creek, OH 446 property damage, or even death that ma	_		-	
I hereby acknowledge and understand the may have for emotional or medical heat aware that by not having this cover comprehensive health care reform law to lack of financial resources for continuations.	alth care coverage in the Unit age I'm in violation of the enacted in March 2010 and m	ed States or Affordable	Internation Care Act (ally. I am ACA) The
By signing this Waiver and Assumption financial dangers and risks associated indemnify and hold harmless Interlink against any and all liability incurred as participation in the activities of this minis	with not having medical he Ministries, Inc., its employee a result of or in any mann	alth coverage s, agents, ar	e. I furthe nd officers,	r agree to from and
I hereby certify that I am of legal age and in doing so of my own free will and according bind myself, my executor, my heirs, and	ord, voluntarily and without du	iress, and tha	nt I do so ir	
I have read and understood the foregoing Assumption of Risk by signing this Waive		ent to the term	s of this W	aiver &
Name		Dated	/	/
Member (printed or type	ped)			
Address				
City	State		Zip	
Telephone ()	E-mail			
Signature				
Member		_		
Witness Signature		Dated	/	/