

Authorization for Emergency Medical Care (for adults)

I, the undersigned,

Name _____ Birth date _____

Do hereby authorize any necessary examination, anesthetic, dental, medical or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital service that may be deemed necessary should I experience any illness or accident while traveling with the tour group from First Baptist Church of Clarksville, TN to Rio de Janeiro, Brazil (project location). This release is effective from May 19 to May 27, 2006 (trip dates).

Dated this _____ day of _____ (month and year) at
_____ (city & state)

Signature

Medical Insurance Company

Policy #

Sworn before me on this date: _____

By: _____

Notary Public: _____

My Commission Expires: _____