

**FISHFORMEN, Inc. MINISTRIES
MINISTRY TRIP RELEASE, AND
MEDICAL TREATMENT AUTHORIZATION FORM**

I, _____ hereby agree to participate in the Missions Trip to El Salvador sponsored by FISHFORMEN Ministries (insert date).

I release FISHFORMEN Ministries, its employees, the Official Board, and the trip's leadership team from all liability in connection with this trip, including but not limited to, any illness, accident, or injury resulting from my participation in this trip.

Should any illness, accident, or injury requiring emergency medical treatment, hospitalization, medication, or surgery, I hereby give my permission for said treatment and agree to pay for any such service rendered by the treating physician(s), emergency room, or hospital.

Signed: _____ Date: _____

Name as it appears on your passport: _____

Passport Number: _____ Social Security Number: _____

Primary

Medical Insurance: Company _____ Group No. _____

Address _____ Policy No. _____

Sponsor's Name: _____

Secondary

Medical Insurance: Company _____ Group No. _____

Address _____ Policy No. _____

Sponsor's Name: _____

In case of an emergency during this trip, contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

(Please include a copy of your passport as well as the front and back of any applicable insurance card.)