

I will be traveling with Olive Branch Ministries International to Peru. My signature grants permission to any adult member of the mission team to secure whatever medical attention may be necessary if I am unable to grant permission for medical care. I understand that all possible effort will be given to contact my emergency contact, but that contact is not necessary. In case of an emergency, Malena Rampy and Carlos Martinez have my permission to communicate with the U.S. Embassy on my behalf. I release all team members and Olive Branch Ministries from any liability connected with an illness or injury or cost of medical treatment. I will pay for the cost of the medical treatment or reimburse any organization/individual that paid for the treatment. The dates of the trip this permission is effective for are _____.

Signature Date _____

Before me on this day personally appeared _____ known to me through _____ to be the person whose name is subscribed to the above instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.

Notary Public's Signature