

## Medical Release

Dates and Location of EPPIC Journey: \_\_\_\_\_

I do hereby give EPPIC Ministries International, Inc., and its representative(s) authority to request and authorize medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while on any such travel, stay, or other activity, including, without limitation, while traveling to and from any foreign country. I agree to pay for all such treatment and to reimburse EPPIC Ministries International, Inc., for all costs and expenses incurred by them with respect to such treatment.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_