



# Dove International

*"Touching the World Through the Power of the Spirit"*

## **RELEASE OF LIABILITY / CONSENT FOR TREATMENT**

I/We hereby release **Dove International**, its agents, assistants, board, and director from any liability whatsoever arising out of any injury, illness, damage, or loss which may be sustained by said person during the course of involvement with **Dove International**.

I also understand that liability insurance provided by **Dove International** is minimal, and only available under limited conditions, and only while traveling in the U.S on our coaches. **No insurance of any kind is provided by Dove International while in Mexico or Central America.**

I/We also agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician is deemed necessary on me should the situation arise.

### **Applicants Medical Information**

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Do you have any medical condition: or are you taking any medication that may require a doctor's advice for you to participate in this outreach? Please check one. ☐ YES ☐ NO

If YES please provide Dove International with a written description of the condition.

### **Insurance**

Dove International does not provide insurance for the applicant. We can provide information about "Traveler's Insurance" at your request. Please Initial the Following Statement:

☐ I assume responsibility for my own insurance needs. Any medical expenses are my responsibility.

Applicant's name \_\_\_\_\_

Applicant's age (if under 18) \_\_\_\_\_

Applicant's Signature(or responsible party if applicant is less than 18 years of age) \_\_\_\_\_

Responsible party's relationship to Applicant \_\_\_\_\_

Date \_\_\_\_\_

Notary Public \_\_\_\_\_

Date \_\_\_\_\_

My Commission Expires on \_\_\_\_\_