



CHINA 2010

LETTER OF PERMISSION AND MEDICAL RELEASE for ADULTS

Please note: This form must be notarized.

TO: ADULT CHINA 2010 PARTICIPANTS:

While I am traveling to with the Pioneer Bands on the China 2010 tour, I hereby authorize David Leach or such substitute as he may designate, to consent to the following medical treatment for me should I be unable to make a decision:

Any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed. This authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing. **I understand that I will be responsible for the cost of any service or treatment provided.**

SIGNATURE

Printed Name

Subscribed and Sworn to me before this _____ day of _____

Notary Public in and for the
County of _____
In the State of _____
My commission expires _____