

**RISK WAIVER AND EMERGENCY MEDICAL AUTHORIZATION
ADULT**

I _____, have freely requested to be allowed to participate in an FEC International Ministries special project in Spain.

I understand there may be risks involving, among other things, change in the political situation, different and primitive physical and health facilities, uncertain transportation and communication facilities, and the possibility of acts of terrorism. I personally assume these risks to the maximum extent possible.

In exchange for the privilege of participation in the project and proclaiming the gospel in the above named area, I hereby indemnify and hold harmless the Fellowship of Evangelical Churches, International Ministries, and its affiliates, and the employees and associate staff of the Fellowship of Evangelical Churches, International Ministries and its affiliates from any liability and expense incurred as a result of my participation in this special project.

Blood Type: _____ (Optional)

I realize that in the event of an emergency, it is frequently impossible to contact persons in the United States who can authorize medical treatment. I authorize an adult representative of the FEC International Ministries team to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named person under the general or specific supervision and on the advise of any physician or surgeon licensed to practice medicine in the United States of America or the country in which I will be traveling or living.

Name: _____

Address: _____

_____ signature _____ date

Operation Saturation 2014 April 10, 2014 April 19, 2014
project name start date end date

Notary Public _____ _____
print name signature of notary

Signed and notarized this day _____ of _____ 20____. (seal)