

CONSENT FOR MEDICAL/DENTAL TREATMENT

I/We hereby agree to the performance of any emergency treatment, anesthetics and operations deemed necessary by an attending physician on:

Print Name of Genesis Diez, A.C. Trip Member

I/we realize this authority is being granted for domestic and non-domestic territory. I/We understand that I/We are responsible for providing medical and accident insurance to cover the activities of I/we and/or our son/daughter/ward while participating in Genesis Diez, A.C. programs.

Signature of Genesis Diez, A.C. Trip Member

Date

Signature of Father

Date

Signature of Mother

Date

Signature of Guardian

Date

