

EMERGENCY INFORMATION AUTHORIZATION AND RELEASE

NAME _____ Passport (Country & No.) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

In case of emergency, please notify:

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER ____ (____) _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER ____ (____) _____

CURRENT MEDICAL PROBLEMS _____

ALLERGIES _____

ROUTINE MEDICATIONS _____

NAME OF MEDICAL INSURANCE COMPANY _____

Address _____ Telephone No. ____ (____) _____

Policy Name _____ Policy Number _____

NOTE: Please verify that your medical insurance covers you while you are outside the U.S.A.

NAME OF TRAVEL INSURANCE COMPANY (if any) _____

Address _____ Telephone No. ____ (____) _____

Policy Name _____ Policy Number _____

In the event of injury or illness, if I am unable to do so myself, I hereby authorize INTERNATIONAL BUSINESS SEMINARS, their agents or assigns, to secure, at my expense, any necessary treatment, including administration of anesthetic and surgery, and such medication as may be prescribed. It is further agreed that, if my condition so requires, I may be returned to the United States, at my expense.

I hereby release INTERNATIONAL BUSINESS SEMINARS, their agents or assigns, from any and all claims and causes of action for damage to or loss of property, medical or hospital care, personal illness or injury, or death arising out of any travel or activity conducted by or under their control.

Dated: _____ Signature: _____

Please complete this document as thoroughly as possible and return it to International Business Seminars. This information is very **IMPORTANT** and needs to be returned to the IBS office immediately. We must receive the completed form before your airline ticket can be printed. Please type or print your information on this form legibly. **Please notify IBS of any changes in the information prior to your departure.**

Please include this completed form with your application materials.