

**ADULT  
MEDICAL RELEASE AFFIDAVIT**

I \_\_\_\_\_ will travel with SCORE International to \_\_\_\_\_  
on these specified dates \_\_\_\_\_ SCORE International has permission to  
make any decisions regarding medical emergencies on my behalf if I am unable to do so.  
I will not hold SCORE International responsible for sickness or accidents which may  
occur while on the trip. I realize that I am responsible for providing medical insurance.

*Please answer the following questions:*

1. Please indicate any pertinent information we should have concerning any medical  
problems you may have: \_\_\_\_\_  
\_\_\_\_\_
2. Are you allergic to any form of medication or food? NO \_\_\_ YES, what kind: \_\_\_\_\_
3. Please give us the following information concerning your insurance protection:
  - A. Insurance Company \_\_\_\_\_
  - B. Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_
4. Do you have any history of:  
Heart Problems NO \_\_\_\_\_ YES, describe: \_\_\_\_\_  
Kidney Problems NO \_\_\_\_\_ YES, describe: \_\_\_\_\_  
Lung Problems NO \_\_\_\_\_ YES, describe: \_\_\_\_\_
5. Please give names and telephone numbers of two people to contact in case of  
emergency:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SIGNATURE MUST BE NOTARIZED**

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

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

SEAL

County \_\_\_\_\_ State \_\_\_\_\_