



## SECTION 17 • PROOF OF INSURANCE

*To be completed by all participants*

I \_\_\_\_\_ do here by confirm that for my upcoming trip to El Salvador and King's Castle Ministries I have all the required medical insurance coverage. I do confirm that the insurance includes international medical coverage, and includes air-ambulance/ medevac coverage.

I also commit to bringing with me, on my person, all required documents as outlined by my insurance provider.

**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Name (If under 18 years old):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_