

**Medical Release Form
For Freedom Church First Assembly of God**

I hereby grant permission for _____ to participate in the activities of Freedom Church First Assembly of God, and to make incidental stops en route and returning where determined to be necessary or desirable.

I authorize the church representatives, Pastor Brad Nester or Mrs. Leigh Nester, to obtain medical treatment in the event of an injury or illness and agree to pay any expenses incurred for this treatment. I understand that under present Florida law, if my child is riding in a private passenger or church vehicle which is involved in an accident, he/she will be primarily covered for bodily injury under my family automobile or health policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed the deductible amount when I purchased the policy.

I, _____ being the parent or legal guardian of the applicant, hereby acknowledge that the information on this form to be correct and hereby agree to all of the terms mentioned.

Signed _____ Dated _____

Home Phone _____ Cell Phone _____

Alternate Emergency Contact Number _____

State of _____ County of _____

Before me, the undersigned authority, personally appeared _____ this day of _____, who is personally known to me or produced identification and who did take an oath.

My commission expires: _____ Notary Public Signature _____

Insurance Company: _____ (Include Copy of Card)

Policy # _____ Phone: _____