

Faith Bible Church

1511 57th St. E, Bradenton, FL 34208 Tel. 941-677-5075

In the event of an emergency where medical treatment is required, I give permission for the leaders and/or church staff to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency. I agree that the below information is accurate and up to date, and will notify the church immediately if any information changes. In the unlikely event of injury/death I agree to hold harmless Faith Bible Church, employees, volunteers, and staff thereof.

Signed: _____ Date _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____ . By _____ .

Notary Signature _____

Personally known _____ OR Produced Identification _____

Type of Identification Produced _____

