

**TRINITY EVANGELICAL FREE CHURCH**

P.O. Box 1208, 890 Abrams Rd., Eustis, FL 32726

**RELEASE FORM**

NAME OF CHILD (Under 18) \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

Has my permission to participate in the following activity:

\_\_\_\_\_  
\_\_\_\_\_

I understand that every reasonable precaution will be taken for the health and safety of my child and release Trinity Evangelical Free Church from liability.

\_\_\_\_\_  
Signature (parent or guardian)

In case of emergency, please notify:

\_\_\_\_\_  
\_\_\_\_\_

Are there any medicine(s) are physical problems? Please list be below medicine(s) and/or illness:

\_\_\_\_\_

I, \_\_\_\_\_, do hereby give my permission for the above child to receive emergency medical treatment while on this trip with Trinity Evangelical Free Church Youth Group on the date(s) of:

\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF LAKE

SWORN TO AND SUBSCRIBED BEFORE ME BY: \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
Notary Public (Print Name)  
My Commission Expires: \_\_\_\_\_

Personally Known \_\_\_\_\_ / ID \_\_\_\_\_ Type of ID \_\_\_\_\_

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