



Liberty Church  
Insurance Information Form

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

EMERGENCY CONTACT NUMBERS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

NAME/RELATIONSHIP	HOME	BUSINESS	CELL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAME OF INSURANCE COMPANY & CARD#: \_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? If yes, please list them, and any medication for your allergies that will accompany you on this  
\_\_\_\_\_

Are you taking any medication for reasons other than allergies? If yes, please list them, any medication that will accompa  
\_\_\_\_\_

I hereby release Liberty Church in any events, its agents, assigns, employees, and volunteer assistants from liability what sickness, or death, which may be sustained by myself during the course of travel to, during, from and or on site or premi!

\_\_\_\_\_  
(Parent/legal guardian signature) (Date)

I hereby give my permission for Liberty Church leadership to obtain emergency medical treatment for myself by qualified should the need arise. I will be responsible for any and all financial charges due to medical care.

\_\_\_\_\_  
(Parent/legal guardian signature) (Date)

