



## Medical Release Form for Adults (18 years old and over)

I, \_\_\_\_\_,  
(Print Name)

Hereby acknowledge that in the event that I may sustain injury or illness during any class or lesson at the Community Center for the Arts (CCA) at Gulf to Lake Church, I hereby authorize the staff to obtain or provide the proper medical treatment for me for such injury or illness. I hereby hold the teacher and CCA/Gulf to Lake Church harmless in the exercise of this authority. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of myself for physical illness or injury that I may sustain. I acknowledge and understand that I am assuming the risk of such physical illness or injury by my participation, and I further release CCA/Gulf to Lake Church and its representatives from any claims for personal illness or injury that I may sustain.

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

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

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

Please list any known physical limitations, illnesses, conditions or allergies:

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**Please Checks Payable to Gulf to Lake Church, Memo: CCA.**

Mail this form, along with the enrollment agreement form, medical release form, your \$10 registration fee and your first tuition payment (or the full tuition amount, if you choose) to:

Gulf to Lake Church  
Attn: CCA Administrator

1454 N. Gulf Ave. Crystal River, FL 34429

Questions? Call: (352) 795-CCA2 (2222)

E-Mail: [stacy.mason@gulftolake.com](mailto:stacy.mason@gulftolake.com)