



That All People Have Opportunity To Believe In

Jesus Christ And Worship In A Biblical Church

## MEDICAL RELEASE For MISSION (GO-NET) TEAM MEMBER

### Adult Health Release/Permission for Treatment

*Authorization for Adults-Please Read Carefully and Sign*

I, \_\_\_\_\_ the undersigned, address of \_\_\_\_\_,  
city of \_\_\_\_\_, county of \_\_\_\_\_ in the state of  
\_\_\_\_\_, hereby agree as follows:

In the event of any accident, sudden illness, or medical emergency involving myself in connection with a GO-Net Team, I hereby authorize leadership and staff members of The Wesleyan Church to consent to an x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed to be necessary by a licensed physician, and agree to accept full financial responsibility for these services. All information on this form is correct to the best of my knowledge.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_