

Spirit and Truth Worship Center
277 Main Street
Loganville, GA 30052

Curt W. Buckmire Nedra L. Buckmire
Senior Pastor Pastor



ADULT RELEASE FORM

(Please fill out all forms completely and legibly; and return to the church office)

EVENT INFORMATION

MINISTRY NAME: _____ DATE OF EVENT: _____

WHERE TO: _____

DEPARTURE TIME: _____ RETURN TIME: _____

EVENT COST: \$ _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT,

_____ (RELATIONSHIP) _____ PHONE NUMBER _____

RELEASE FROM LIABILITY

I _____ (Your Name), will be receiving service(s) or participating in event(s), in exchange for this participation or the services rendered from **Spirit and Truth Worship Center**, for myself, ourselves, our heirs, executors, administrators, do hereby sign away any rights I/we or they may have against **Spirit and Truth Worship Center**, its Trustees, employees, officers, and/or volunteers, in connection with my involvement with this church. By signing this I/we or they may be giving up rights to compensation, awards, damages, and/or other possible remedies in the event I am injured or damaged in any way including through negligence, gross negligence and/or willful misconduct, in connection with my participation in **Spirit and Truth Worship Center's** programs.

I state that we have read this, have had the chance to ask any questions we may have about this release, and sign voluntarily in order to participate in the activity or receive services

Date

Signature

Print Name