

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

Curt W. Buckmire Nedra L. Buckmire
Senior Pastor Pastor



CHILD RELEASE PERMISSION FORM

(Please Fill Out All Forms Completely & Legibly and Return To The Church Office)

EVENT INFORMATION	
MINISTRY NAME: _____	DATE OF EVENT: _____
WHERE TO: _____	
DEPARTURE TIME: _____	RETURN TIME: _____
EVENT COST: \$ _____	

CHILD'S NAME: _____ AGE: _____

ADDRESS: _____

HOME PHONE: _____ WORK NUMBER: _____

In Case Of an Emergency, Please Contact:

_____ (RELATIONSHIP) _____ PHONE NUMBER

RELEASE FROM LIABILITY

I/We, on behalf of _____ (Child's Name), who 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, and on behalf of our child who will be receiving service(s) or participating in activities, 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 child's 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/we or our child is injured or damaged in any way including through negligence, gross negligence and/or willful misconduct, in connection with the child's participation in **Spirit and Truth Worship Center**.

I/We 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 have my child participate in the activity or receive services

Date

Parent(s)/Guardian Signature

Print Name