

First Baptist Church of Cleveland, Inc.  
25 Church Street  
Cleveland, Ga. 30528  
Telephone (706)865-2933

Date of the trip \_\_\_\_\_ Driver \_\_\_\_\_

Destination: \_\_\_\_\_ Trip Coordinator: \_\_\_\_\_

**RELEASE FORM**

I assume all risks for myself and for my dependent children (if applicable) on this church trip and neither I nor my estate will hold First Baptist Church of Cleveland, Inc. responsible for personal loss, illness, injury or death.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Age if under 18 \_\_\_\_\_

Signature (parent/guardian for child) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Age if under 18 \_\_\_\_\_

Signature (parent/guardian for child) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Age if under 18 \_\_\_\_\_

Signature (parent/guardian for child) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Age if under 18 \_\_\_\_\_

Signature (parent/guardian for child) \_\_\_\_\_