

FIRST SPANISH ASSEMBLY OF GOD  
3301 CLAY, WACO, TEXAS 76711  
254-752-2293

Pastor: Frank Alvarado

RELEASE FORM

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

Name of Parent or Legal Guardian: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Church Activity: \_\_\_\_\_

Date of Activity/Time: \_\_\_\_\_

Director or officer of Activity: \_\_\_\_\_

I parent/legal guardian \_\_\_\_\_, give my permission my own free will, for my child (designated child name) \_\_\_\_\_, to be part of the above activity. I hereby undersigned release and hold harmless First Spanish Assembly of God Church and its staff from any and all liability however arising of any loss, delay, injury or damage to the above designated or caused in connection with the above church activity.

Print Name: \_\_\_\_\_

Parent/Legal Guardian, signature: \_\_\_\_\_