Generation Awakening
Winter Retreat

All attendees must have this form completed, signed, and faxed to 1-877-408-1079

Permission for Medical Treatment >>>>>>>>>>>>>>>>>>>>>>>>>>

To whom it may concern:

I (We)_____, the parent(s) or legal guardian of

_____, authorize End-Time Handmaidens, Inc. and
(Attendee's Name)
any medical personnel used by End-Time Handmaidens, Inc./Global Outpouring to give medical treatment in the event of a medical illness, medical emergency or injury occurring while attending the End-Time Handmaidens, Inc. sponsored Generation Awakening Winter Retreat, December 28 through January 1.

_____ _____ _____
Signature of parent (or legal guardian) Date Home/Cellphone #

_____ _____ _____
Signature of parent (or legal guardian) Date Home/Cellphone #

OR

_____ _____ _____
Signature of attendee 18 years of age or older Date Home/Cellphone #

Hold Harmless Statement >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

I (We) _____
(parent, parents, legal guardian, or attendee 18 years of age or older),
shall indemnify, defend and hold harmless the End-Time Handmaidens, Inc./Global Outpouring and its officers, directors, members, staff and volunteers from and against any and all demands, claims, damages to persons or property, losses and liabilities, including reasonable attorneys' fees (collectively "Claims") arising out of any negligent act or omission on their part. I (We) agree to be responsible for any damages to End-Time Handmaidens, Inc. facilities or staff/campers' persons or property caused by my/our son or daughter's negligence or willful act(s).

_____ _____
Signature of parent (or legal guardian) Date

_____ _____
Signature of parent (or legal guardian) Date

OR

_____ _____
Signature of attendee 18 years of age or older Date