

# Generation Awakening Retreat

All attendees must have this form completed, signed, and emailed back to [office@globaloutpouring.org](mailto:office@globaloutpouring.org)

## 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 Retreat, August 9-12, 2023.

Signature of parent (or legal guardian)	Date	Home/Cellphone #
Signature of parent (or legal guardian)	Date	Home/Cellphone #
<b>OR</b>		
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
<b>OR</b>	
Signature of attendee 18 years of age or older	Date