

Generation Awakening Retreat

All attendees must have this form completed, signed, and emailed back to 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 #
OR _____ Signature of parent (or legal guardian)	_____ Date	_____ Home/Cellphone #
_____ 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
OR _____ Signature of parent (or legal guardian)	_____ Date
_____ Signature of attendee 18 years of age or older	_____ Date