Generation Awakening Young Adult Retreat

Medical Release / Hold Harmless Form

All attendees must complete this form, sign and send a photo of the signed document to: office@globaloutpouring.org.

Permission for Medical Treatment
To whom it may concern:

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

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

_____	_____	_____
Signature of parent (or legal guardian)	Date	Home/Cell phone #
_____	_____	_____ OR
Signature of parent (or legal guardian)	Date	Home/Cell phone #
_____	_____	_____
Signature of attendee 18 years of age or older	Date	Home/Cell phone #

Hold Harmless Statement

I (We) _____
(parent, parents, legal guardian, or attendee 18 years of age or older)

shall indemnify, defend and hold harmless the Global Outpouring / End-Time Handmaidens, Inc. 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