## ANOINTED YOUTH 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)	, th	e parent(s) or legal guardian of
	, authorize E	End-Time Handmaidens, Inc. and
(Attendee's Name) any medical personnel used by End-Time Handm of a medical illness, medical emergency or Handmaidens, Inc. sponsored Anointed Youth Wir	aidens, Inc. to give	e medical treatment in the event while attending the End-Time
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, of shall indemnify, defend and hold harmless the Endomembers, staff and volunteers from and against a property, losses and liabilities, including reasonable an negligent act or omission on their part. I (We) again Handmaidens, Inc. facilities or staff/campers' personegligence or willful act(s).	r attendee 18 years o d-Time Handmaidens any and all demands attorneys' fees (collec gree to be responsib	of age or older), s, Inc. and its officers, directors, s, claims, damages to persons or ctively "Claims") arising out of any ole for any damages to End-Time
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