Anointed Youth Summer Retreat

All attendees must complete and sign this form

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. to give medical treatment in the event of a medical illness, medical emergency or injury occurring while attending the End-Time Handmaidens, Inc. sponsored Anointed Youth Summer Retreat, Wednesday, June 27, 2007 through Sunday, June 30, 2007.

_______________________________________ ____________________
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

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. 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

Credit Card Authorization >>

☐ Mastercard ☐ Visa ☐ American Express ☐ Discover Amount $___________

Card #________________________________ Name on card __________________________________

Exp. date _______________ Signature____