Powerhouse Ministries

Event Name:	**Winter Retreat 2027**
Date:	**January 29th - 31st, 2027**
Time:	Depart on January 29th, 2027 at 4:30 pm Return on January 31st, 2027 at 1:00 pm
Location:	**Zephyr Point Conference Center (660 HWY 50, Zephyr Cove, NV)**
Transportation:	Carpool from 11 Natoma Street
Cost:	**Free!**

I _____, give permission for my child to attend the above Powerhouse Ministries, Inc. event. Powerhouse Ministries' volunteers may provide transportation for my child in their private vehicles, bus, or the Powerhouse owned van. I also release my child in case of accident or injury to the care of qualified medical personnel for the purpose of needed treatment.

Youth Information

Youth: _____ Age: _____ Birthday: _____
LAST FIRST MIDDLE

Address: _____

City: _____ State: _____ Zip: _____

Youth Phone Number: _____

Medical Insurance Co: _____ Policy No: _____

Emergency Contact: _____ Phone No: _____

Medications or Allergies _____

Parent Email: _____

Parent/Guardian Information:

Parent/Guardian Full Name: (please print) _____

Parent/Guardian Address: _____ Phone: _____

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless Powerhouse Ministries Inc, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service or activity. Powerhouse Ministries' volunteers may provide transportation for my child in their private vehicles, bus, or the Powerhouse owned van. I give Powerhouse Ministries the authorization to use my likeness and or images whether still or video on social medial, website, print materials or any other form of promotion. I also release my child in case of accident or injury to the care of qualified medical personnel for the purpose of needed treatment.

_____ _____

Signature of Parent/Guardian Date