

Winter Retreat 2025
Friday January 31st, 2025 - Sunday February 2nd, 2025
Leave on Friday at 4:00 pm from 311 Market Street
Return on Sunday at 4:00 pm to 311 Market Street
Zephyr Cove Conference Center (660 Lake Tahoe Blvd, Zephyr Cove, NV)
Carpool from 311 Market Street
Free!

, 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 gualified medical personnel for the purpose of needed treatment.

			Youth Inform	nation		
Youth:				_Age:	Birthday:	
	LAST	FIRST	MIDDLE	-		
Address:						
City:			State: _		Zip:	
Youth Phone Nu	umber:					
Medical Insurance Co: Polic			Policy	No:		
Emergency Contact:			Phone	Phone No:		
Medications or	Allergies					

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