PERMISSION / RELEASE FORM

Winter Retreat 2027 – 2027/02/04-2027/02/07

I, _____, Hereby affirm and agree that I am the parent or legal guardian of _____, a minor ("Minor"); that I am legally competent to sign and release; that I have fully informed myself to this agreement by reading it before signing; and that I have fully informed myself of the details and risks of ***WINTER RETREAT 2027*** prior to signing this release.

I give permission for the Minor (if 18 or older, myself), _____, to attend ***WINTER RETREAT 2027*** with Impact Family Church, Inc., ***Thursday, February 04, 2027, through Sunday, February 07, 2027***. The Minor (I) may participate in all activities associated with ***WINTER RETREAT 2027***.

I agree, individually and on behalf of the Minor, to release and to hold harmless Impact Family Church, Inc. in High Springs, FL, its employees, affiliates, agents, officers, directors, trustees, representatives and/or volunteers (collectively referred to as "the Ministry") from liability for minor's (my) injury, death, or damages to or loss of Minor's (my) personal property, resulting directly or indirectly from his/her (my) participation in ***WINTER RETREAT 2027*** and agree to indemnify the Ministry from and liability assessed against the Ministry as a direct or indirect result of Minor's (my) participation in ***WINTER RETREAT 2027***. This release includes all risks and liabilities connected with ***WINTER RETREAT 2027***, whether foreseen or unforeseen.

In the event that the Minor is (I am) injured during ***WINTER RETREAT 2027***, and I am unable to provide consent to his/her (my) medical treatment, I authorize the Ministry to consent on my behalf of the performance of any and all medical treatment judged necessary by the Ministry, until I am able to provide consent or until someone legally able to speak on Minor's (my) behalf is made available. I agree, individually and on the behalf of Minor (myself), to release, indemnify, and hold the Ministry harmless from any liability, which may be assessed against the Ministry as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment. I hereby authorize that any medical attention needed may be obtained while my child is (I am) involved with ***WINTER RETREAT 2027***. I understand that, if necessary, my child (I) will be taken to a nearby hospital and will be attended by the physician on call there. I also agree that the Ministry is not liable for any damages to person or property resulting from an accident, injury, or death occurring during or enroute to ***WINTER RETREAT 2027***.

This agreement shall be subject to the laws of the County of Alachua and the State of Florida. If any provision of this agreement is determined to be outside the scope of those laws, all other provisions shall be given full force and effect and will not negate this agreement in its entirety.

I have carefully read this release of liability and assumption of risk agreement. I fully understand its terms and understand that I have given up substantial rights by signing it. I therefore sign is freely and voluntarily without any inducement or prejudice.

_____	_____	_____
Home	**Work**	**Cell**
_____	_____	_____
Participant Name	**Participant Signature**	**Date**
_____	_____	_____
Parent/Guardian Name	**Parent/Guardian Signature**	**Date**
_____	_____	
Notary Signature	**Date**	

(notary seal)