



**“STAND” Winter Retreat 2025  
Permission Form**

Dear Parent or Legal Guardian,

“Power Unleashed” Winter Retreat is a district-wide overnight youth ministry event open to all youth ages 11-21. It will take place **Friday, February 28 – Sunday, March 2**. The retreat cost is \$85 per person (room & meals included). The retreat is being held at Pecometh Retreat Center, 401 Jack Elliot Way, Centreville, MD 21617. Please complete, sign and return the following statement of consent and release of liability.

I, \_\_\_\_\_ give my child \_\_\_\_\_ permission to participate in the “STAND” Winter Retreat event on Friday February 28, 2025-Sunday March 2, 2025. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against The Church of God of Prophecy and remain fully responsible for any legal responsibility which may result from actions taken by my child during this event. In case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of participants. In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of emergency medical treatment by a licensed physician or dentist and to transport my child to any reasonably accessible hospital facility.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT PARENT/ GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

You are **not** considered registered for this event until this form **AND** payment has been received.