



# HOPE BUILDERS

DATE: \_\_\_\_\_

## GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I desire to participate in various programs, events or activities involving work efforts relating to Hope Builders (hereinafter collectively referred to as the "Activities") operated or sponsored by Crossroads Church (the "Church").

I understand and acknowledge that the Church will not allow me to participate in the Activities without releasing and holding the Church harmless from any liability arising out of my participation in the Activities. I have investigated the risks involved in my participation in the Activities and fully understand and assume such risks. Specifically, I understand and acknowledge that I may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death.

I REQUEST THAT THE CHURCH ALLOW ME TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND, INCLUDING ANY NEGLIGENCE OF THE CHURCH, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH I PARTICIPATE. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES, WHICH I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

## MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event I suffer an injury or condition during my participation in the Activities, including transportation to and from the Activity, which may endanger my life, cause disfigurement, physical impairment or undue discomfort if medical treatment is delayed, and as the result of which I am unable, in the opinion of the Hope Builders leadership team to make an informed decision regarding such treatment, and reasonable attempts to contact my spouse/parent/guardian have been unsuccessful, to the extent allowed by local law, I hereby appoint Dennis Anderson (Crew Leader or other person present at the activity) as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care. This power of attorney shall terminate in ninety (90) days or when, in the opinion of my attending physician, I am competent to make informed decisions regarding the need for medical treatment, or when the agent is able to contact my spouse, whichever occurs first.

## PHOTO RELEASE

I acknowledge that pictures and video may be taken and appear in print, on Crossroads website, promotional materials and other media.

<small>(One box per participant)</small>	
Participant Name: _____	Emergency Contact Name: _____
Signature: (Note: if a minor, guardian must sign) _____	Emergency Contact Phone #: _____

(One box per participant)  
Participant Name:

Emergency Contact Name:

\_\_\_\_\_  
Signature: (Note: if a minor, guardian must sign)

\_\_\_\_\_  
Emergency Contact Phone #:

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