ENHANCE MINISTRIES

General Release and Hold Harmless Agreement

I, _____, desire to participate in various programs, events or activities (hereafter collectively referred to as the "Activities") operated or sponsored by Enhance Ministries.

I understand and acknowledge that Enhance Ministries will not allow me to participate in the Activities without my releasing and holding Enhance Ministries 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, or even death.

I REQUEST THAT ENHANCE MINISTRIES ALLOW ME TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF I AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE ENHANCE MINISTRIES, ITS OFFICERS AND DIRECTORS, ITS EMPLOYEES, AGENTS, AND PARTIES VOLUNTEERING ON BEHALF OF ENHANCE MINISTRIES, AS WELL AS THE HOST CHURCHES AND MINISTRY SITES FOR THIS TRIP FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH I PARTICIPATE. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF MY PARTICIPATION IN ANY ACTIVITIES, REGARDLESS OF THE CAUSE THEREOF.

This agreement is binding on my heirs, successors, and personal representatives.

_____ _____

Date Print Name & Sign (Participant)

_____ _____

Date Print Name & Sign (Parent / Guardian)

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 Activities, 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 my leader _____ acting as an agent of _____ (church name) to make an informed decision regarding such treatment, after said leader has made every reasonable effort to call my emergency contacts, I hereby appoint my leader _____ acting as an agent of _____ (church name) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care. This power of attorney shall terminate when, in the opinion of my attending physicians, I am competent to make informed decisions regarding the need for medical treatment.

_____ _____

Date Print Name & Sign (Participant)

_____ _____

Date Print Name & Sign (Parent / Guardian)

Permission to Use Photograph and/or Video

I grant to Enhance Ministries its representatives and employees, the right to take photographs and video of me in connection with these Activities. I authorize Enhance Ministries its assigns and transferees to copyright, use and publish the same in print and/or electronic format for the purpose of publicity, illustration, advertising, and Web content.

Date	Print Name & Sign (Participant)
Date	Print Name & Sign (Parent / Guardian)

Please have **all** participants complete this form. The team leader should then scan all forms into one PDF document and email it to matt@enhancemin.com.