

GENERAL RELEASE/HOLD HARMLESS AGREEMENT

Lead222 and Church of God 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 LEAD222 United, Inc (hereafter collectively referred to as "LEAD222") and Church of God Ministries, Inc. (hereafter referred to as "CGM").

I understand and acknowledge that LEAD222 and CGM will not allow me to participate in the Activities without my releasing and holding LEAD222 and CGM 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 LEAD222 AND CGM ALLOW ME TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF I AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE LEAD222 AND CGM, ITS OFFICERS AND DIRECTORS, ITS EMPLOYEES, AGENTS, AND PARTIES VOLUNTEERING ON BEHALF OF LEAD222 AND CGM, AS WELL AS THE HOST CHURCHES 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.

Dated: _____ Print Name & Sign: _____
(Participant)

Dated: _____ 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

Dated: _____ Print Name & Sign: _____
(Participant)

Dated: _____ Print Name & Sign: _____
(Parent / Guardian)

Permission to Use Photograph and/or Video

I grant to LEAD222 and CGM its representatives and employees, the right to take photographs and video of me in connection with Servant Leadership Activities. I authorize LEAD222 and CGM 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.

Dated: _____ Print Name & Sign: _____
(Participant)

Dated: _____ Print Name & Sign: _____
(Parent / Guardian)

Please have all participants complete this form. Scan and email forms to Gloria@Lead222.com