

Encounter Ministry Inc.
and/or Encounter Cove Inc.

Participation Authorization and Consent to Emergency Medical Treatment Form

I hereby give my consent to participate in the following activity of **Encounter Ministry Inc. or Encounter Cove Inc.**: Working in a construction capacity or volunteering services (hereafter "the activity") on or about January 13, 2022 and continuing the remainder of this year and/or until this activity is completed.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death in connection with participation in this activity.

To the fullest extent permitted by law, I release **Encounter Ministry Inc. or Encounter Cove Inc.** its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to me while participating in the activity and agree to save and hold harmless **Encounter Ministry Inc. or Encounter Cove Inc.** its trustees, officers, directors, employees, agents and representatives from any claims arising out of my participation in the activity.

Further, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary should I become injured. I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat me. I understand that I am responsible for the health care decisions and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this _____ day of _____, 20__.

Signature _____

Printed Name _____

Witness: _____

Witness: _____

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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Encounter Ministry Inc. has put in place preventative measures to reduce the spread of COVID-19; however, the organization **cannot guarantee** that you will not become infected with COVID-19. Further, **attending the organization's event could increase** your risk risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the Encounter volunteer work days and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Encounter Cove may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Encounter employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the Encounter Cove or participation in Encounter Cove programming ("Claims"). I hereby release, covenant not to sue, discharge, and hold harmless the Organization, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Organization program.

Signature of Participant

Date

Print Name of Participant