

REQUIRED PERMISSION FORM
Domestic/Adult Travel
General Release and Hold Harmless Agreement

Willow Creek
Community Church
67 E. Algonquin Rd.
South Barrington, IL

Participants Name _____	Address _____
City _____ Zip _____	Home Phone _____
Emergency Contact Name _____	Emergency Phone _____
WCCC Ministry _____	Trip Leader _____
Dates of Travel _____	Team _____

I, _____, desire to participate in various programs, events or activities **Inside the United States** (hereinafter collectively referred to as the "Activities") operated or sponsored by Willow Creek Community Church, Inc. (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 participation in the Activities. I have investigated the risks involved 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, RANSOM DEMANDS, 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 ALL INJURIES AND DAMAGES WHICH I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OR THE SPECIFIC CAUSE THEREOF.

Initial

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event I suffer any 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 or medical treatment is delayed, and as the result of which I am unable, in the opinion of my attending physician to make an informed decision regarding such treatment, and reasonable attempts to contact my spouse have been unsuccessful, I hereby appoint **Willow Creek Trip Leader** 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 the me concerning my personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate in (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.

Initial

AUTHORIZATION FOR RELEASE OF INFORMATION

In the event I suffer an injury or condition during my participation in the Activities, including transportation to and from the Activity, I authorize **Willow Creek Trip Leader** to contact **My Emergency Contact Person** to advise them of my injury or condition, and to consult with them regarding my injury or condition.

Initial

PHOTOGRAPHY RELEASE

Regarding photographs of myself taken at any Willow Creek Community Church event, I give Willow Creek Community Church permission to do the following for nonprofit use and without charge: use at the discretion of Willow Creek Community Church, display at a service or event or be used in a multimedia presentation, reprint and distribute for any WCCC nonprofit publication with copyright to accompany photo when used, display on the Willow Creek Community Church website, or use quotes and video clips on the Willow Creek Community Church website and blog.

Initial

The undersigned agrees to the above Initialed sections and this agreement is binding on my Heirs, Successors and Personal Representatives.

Print Full Name	Signature	Date
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