

REQUIRED PERMISSION FORM
Domestic/Minor 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, _____, am the parent or legal guardian of _____ (the "Minor"), who desires 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 the minor 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 Minor's participation in the Activities and fully understand and assume such risks on my behalf. Specifically, I understand and acknowledge that the Minor 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 THE MINOR 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 THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OR HIS/HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I acknowledge and agree that I have given my consent for the Minor to remain in the custody of the Church's representatives while participating in the Activities.

This Agreement is binding on the Minor's Heirs, Successors and Personal Representatives.

Initial

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event the Minor suffers any injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort or medical treatment is delayed, and reasonable attempts to contact me and 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 Minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the Agent is first able to contact me or my spouse.

Initial

PHOTOGRAPHY RELEASE

Regarding photographs of the Minor 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) Parent or Legal Guardian	_____ Signature	_____ Date
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