



Grace Church East
4701 State Route 111
Granite City, IL 62040

REQUIRED PERMISSION FORM
Domestic Travel
Emergency Information & Hold Harmless Agreement

Participants Name: _____ Address: _____
City: _____ St: _____ Zip: _____ Phone: _____
Emergency Contact Name: _____ Emergency Phone: _____
Ministry: _____ Trip Leader: _____
Dates of travel or timeframe of approval: ____/____/____ to ____/____/____

I, _____, desire to participate in various programs, events or activities **Inside the United States**, (hereafter collectively referred to as “ACTIVITIES”) operated or sponsored by Grace Church (“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 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 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 EMPLOYEE, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH, FROM ALL ACTIONS, CAUSES OF ACTIONS, INJURIES, CLAIMS, DAMAGES, KIDNAP AND RANSOM DEMANDS, COST OR EXPENSES OF ANY KIND, INCLUDING ANY NEGLIGENCE OF THE CHURCH, 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 OF THE SPECIFIC.

Initial

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 Activity, 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 _____ to make an informed decision regarding such treatment, and reasonable attempt to contact my spouse/parent(s) have been unsuccessful, to the extent allowed by local law, I hereby appoint **Grace Staff** 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 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/parent(s), 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 **Grace Staff** 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

Photograph Release

Regarding photographs of myself taken at any Grace Church events, I give Grace Church permission to do the following for nonprofit use and without charge: use at the discretion of Grace Church, display at a service or event or be used in a multimedia presentation, reprint and distribute for any Grace non-profit publication with copyright to accompany photo when used (for example, in the Weekly, brochures, etc.), display on the Grace Church website, or use quotes and video clips on the Grace 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

*Parent/Guardian must sign and initial this form for any participant under the age of 18 years old

**Grace Church East
4701 State Route 111 Granite City, IL 62040**

Office Use:
Original to be kept in office
Copy to be sent with group/leader