# Application to Attend the Walk-To-Emmaus

• Please print the answers to all questions. This information is needed for proper placement.

• All signatures must be in place before your request can be considered. Applications without all signatures will be returned to the sponsor.

• Attach registration fee of $200.00 to this form. Please enclose a non-refundable registration fee of $50.00\* with this application. The remaining $150.00 is payable in installments OR paid in full at Thursday check-in. Please make checks payable to East Texas Emmaus Community. In the event that it becomes necessary for you to cancel, please notify your sponsor and/or registrar immediately. Each applicant must be sponsored by someone who has attended a Walk to Emmaus or related 3-Day weekend. \*Note: $50.00 registration fee is non-refundable. Please apply only if you can be present for the entire weekend from 7:00 PM Thursday through Sunday afternoon closing.

• Return completed reservation request with your registration fee to your sponsor. Your sponsor will submit form to Registrar

Name:Click or tap here to enter text. Name on Name Tag:Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Home Click or tap here to enter text. Cell Click or tap here to enter text.

Email: Click or tap here to enter text.

Birthday: Click or tap here to enter text. Age:Click or tap here to enter text.

Male [ ]  Female [ ]  Single [ ]  Married [ ]  Separated [ ]  Divorced [ ]  Widow [ ]

Could you attend on short notice of 3 or 4 days? Yes [ ]  No [ ]

Name of Church Click or tap here to enter text.

Church Address: Click or tap here to enter text.

Pastor Name:Click or tap here to enter text. Pastor’s phone number Click or tap here to enter text.

Has the walk to Emmaus been explained to you? Yes [ ]  No [ ]

Why do you wish to attend the Wal to Emmaus?Click or tap here to enter text.

Are you on a special diet, require special medication, health problems or physical limitations that may require consideration on this weekend? No [ ]  Yes [ ]  Please explain:Click or tap here to enter text.

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant has my approval: (Pastor’s signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For registrar’s use only**

Date rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsor’s form \_\_\_\_\_\_\_check# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_

Signed waiver\_\_\_\_\_\_\_\_\_\_\_\_Signed medical form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Walk # \_\_\_\_\_\_\_\_\_\_\_\_\_

Acceptance email sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Sponsor’s Form for the Walk-To-Emmaus

Please type or print clearly, giving all information so your pilgrim’s application may be processed as quickly as possible, Return with the pilgrim’s application and $50 registration fee or walk fee of $200.00:

ETEC

P.O. Box 153013

Lufkin, TX 75915-3013

Sponsor name: Click or tap here to enter text.

Pilgrim’s name: Click or tap here to enter text.

Sponsor address: Click or tap here to enter text.

Phone: Home Click or tap here to enter text. Cell Click or tap here to enter text.

email: Click or tap here to enter text.

Name of church Click or tap here to enter text.

Church address Click or tap here to enter text.

Your pastor’s name Click or tap here to enter text. phone # Click or tap here to enter text.

Walk/Flight attended # Click or tap here to enter text. date/place Click or tap here to enter text.

 Emmaus [ ]  Cursillo [ ]  Kairos [ ]  Chrysalis [ ]  other [ ]  Name of Community Click or tap here to enter text.

Have you attended Sponsorship Training? Yes [ ]  No [ ]  If so, when? Click or tap here to enter text.

Do you fully understand your responsibilities as a sponsor? Yes [ ]  No [ ]

Do you meet in a regular reunion group Yes [ ]  No [ ]

Day, place & time of reunion group meeting: Click or tap here to enter text.

How long have you known the applicant? Click or tap here to enter text.

Is applicant a member of your church? Yes [ ]  No [ ]

Is applicant active in this church? Yes [ ]  No [ ]  -- if no, please explain Click or tap here to enter text.

To the best of your knowledge, is the applicant under any temporary emotional strain that might reasonably indicate that his/her participation in a weekend should be postponed until a future time? Yes [ ]  No [ ]

Why do you feel that Emmaus is appropriate for this person? Click or tap here to enter text.

Have you discussed the $200.00 fee for the weekend with the applicant? Yes [ ]  No [ ]  (if not, please do so before submitting this form to avoid any possibility of embarrassment to your applicant.)

Will applicant need a scholarship? Yes [ ]  No [ ]

(Scholarships available up to 1/2 of the total – a non-refundable registration fee must accompany application.)

Will you bring your applicant to the next Gathering? Yes [ ]  No [ ]

What arrangements have you made to locate a convenient reunion group for your new pilgrim?

Click or tap here to enter text.

Sponsor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Sponsor: be sure this form is complete and the applicant’s pastor has signed the application\*

## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for participating in the Walk To Emmaus event on Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the East Texas Emmaus Community (ETEC), its board of directors, its clergy and its volunteers, officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said event.
2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney’s fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES.

I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.

1. I UNDERSTAND THAT THE ABOVE-NAMED ENTITIES AND INDIVIDUALS WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN.
2. I further agree to become familiar with the rules and regulations of the East Texas Emmaus Community activities and not to violate said rules or any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
3. I also understand that I should and am urged by ETEC to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the activity or the transportation to and from said activity.
4. I also understand that I am responsible for any damage I cause to the facilities.

## POSSIBLE INJURIES WHICH MAY OCCUR

There are risks involved when participating in the Walk to Emmaus and the use of the camp. Some of the possible injuries and bodily harm which can occur through participation in the programs are listed below. This list is provided to make the prospective participant aware of the possibilities of injuries which may be sustained. The individual is completely responsible for his/her own safety and health.

POSSIBLE INJURIES: strains, sprains, pulls, tears, cramps, infection, rashes, vomiting, bruises, contusions, wounds (abrasions, incisions, lacerations, punctures, avulsions), insect bites, dislocation, blisters, nosebleeds, broken bones, fractures, choking, respiratory or heart failure, heat exhaustion, heat stroke, fainting, nerve damage, shock, paralysis, concussion, and in an extreme case-death.

BODY AREAS WHICH MAY BE AFFECTED OR INVOLVED IN INJURIES: head, face, eye, ear, jaw, teeth, mouth, neck, nose, chest,

abdominal, back, arms, elbow, hands, fingers, wrist, shoulders, genital organs, scalp, bones, leg, knee, hip, ankle, feet, toes, internal organs, nerves, muscles, ligaments, cartilage, joints, tendons, spinal cord, arteries and veins, brain.

I/my child have reviewed the above information and am aware of the risks in participating in programs and the possible injuries which may occur. I/my child freely and voluntarily agree to participate in any and/or all of the activities listed here which are offered in the **overnight stay and use of camp and/or Emmaus community equipment**.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent must sign if under 18 years old

Name of program: **East Texas Emmaus Community Walk to Emmaus**

## MEDICAL TREATMENT PERMISSION FORM

Participant’s Name Click or tap here to enter text.

I, Click or tap here to enter text., hereby give my permission, consent and authorization for any medical treatment deemed necessary by a hospital or physician. I appoint the event coordinator and/or director my lawful agent with power to authorize and consent to the administration of medical treatment during the aforementioned event.

Home Phone Click or tap here to enter text.

Alternate Phone Click or tap here to enter text.

Health Carrier Provider: Click or tap here to enter text. Policy No.: Click or tap here to enter text.

Other Emergency Contacts: Click or tap here to enter text.

Please list all allergies, restrictions or health exceptions: Click or tap here to enter text.

Please list all medications, dosage & frequency: Click or tap here to enter text.

This form should be properly signed and turned in at the time of registration. In case of such accident or illness, I give permission for medical treatment to be given to me as deemed appropriate. I will assume responsibility for any medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred on my behalf.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (if Participant is under 18 years of age or a dependent on parent’s insurance and taxes for the period of the event)

Name of program: **East Texas Emmaus Community Walk to Emmaus**