

ETEC Team Application

• Attach registration fee of \$200.00 to this form. Please make checks payable to East Texas Emmaus Community. In the event that it becomes necessary for you to cancel, please notify your LD or Servant Coordinator and/or registrar immediately. Please apply only if you can be present for the entire weekend from 7:00 PM Thursday through Sunday afternoon closing.

• Return completed application with your registration fee to your ALD or submit online.

Name: _____ . Walk #: _____ .

Address: _____ City: _____ ST ____ Zip: _____ .

Phone: Cell: _____ . Work: _____ Home: _____

Email: _____

Birthday: _____ Age: _____

Male ☐ Female ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow ☐

Spouse's Name: _____

Name of Church _____

Church Address: _____

Reunion Group Name: _____ Meets when? _____

Previous Walk Worked & Position worked: _____

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: _____

Signature: _____ Date _____

For ALD's use only

Date rec'd _____ Check# _____ Amount _____

Signed waiver _____ Signed medical form _____ Walk # _____

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.
5. I UNDERSTAND THAT THE ABOVE-NAMED ENTITIES AND INDIVIDUALS WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN.
 6. 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.
 7. 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.
 8. 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 Signature: _____

Parent of Minor Signature: _____

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

MEDICAL TREATMENT PERMISSION FORM

Participant's Name _____

I, _____, 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 _____ Alternate Phone _____.

Health Carrier Provider: _____ Policy No.: _____

Other Emergency Contacts: _____

Please list all allergies, restrictions or health exceptions: _____

Please list all medications, dosage & frequency: _____

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**