

Application to Attend the Walk-To-Emmaus

Applicant Please type info. Complete this form, giving all information so that your application can be processed as rapidly as possible. When completed, return this application to your sponsor:

Your last name _____ First _____ MI _____ Preferred first name for nametag _____

Street _____ City/State/Zip _____

Phone: cell (____) _____ home (____) _____ work (____) _____

Email: _____ Do you check this email regularly? _____

Age _____ birthday: _____

Mark as applicable: male female lay clergy
 married single separated divorced widowed

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

Occupation _____ Employed by _____

Spouse's name (if applicable) _____ No. of children _____ ages _____

Name & denomination of church _____

Church address _____ City/State/Zip _____

Pastor's name _____ Pastor's phone# (____) _____

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

Why do you wish to attend the Walk to Emmaus?

Are you on a special diet or do you require special medication? Yes No

Do you have any health problems or physical limitations that may require consideration on this weekend?
 Yes No If yes to either, please explain:

I prefer to receive my POST-WALK information by: email CD paper copy. Please apply only if you can be present for the entire weekend from 7:00 p.m. Thursday through Sunday afternoon closing. The entire cost of the weekend is \$150.00. Please enclose a non-refundable registration fee of \$50.00* with this application. The remaining \$100.00 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.

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:

ETEC

P.O. Box 153013

Lufkin, TX 75915-3013

Your name: _____ Co-Sponsor _____

Pilgrim's name: _____

Your address: _____ city/state/zip _____

Phone: home (____) _____ work (____) _____ cell (____) _____

email: _____ Do you check this email regularly? _____

Name & denomination of church _____

Church address _____ city/state/zip _____

Your pastor's name _____ phone # (____) _____

Walk/Flight attended _____ # _____ date/place _____
(Emmaus, Cursillo, Kairos, Chrysalis, other) (mo. & year / name of community)

Have you attended Sponsorship Training? _____ If so, when? _____

Do you fully understand your responsibilities as a sponsor? _____

Do you meet in a regular reunion group Yes No

Day, place & time of reunion group meeting: _____

How long have you known the applicant? _____

Is applicant a member of your church? Yes No

If not, please give name of applicant's church _____

Is applicant active in this church? Yes No -- if no, please explain

Is applicant married? Yes No -- if yes, have you discussed Emmaus with his/her Spouse?

Yes No --- if no, please explain __

Does your applicant have any health or physical needs that may require special consideration on the weekend?

Yes No

If yes, please describe _____

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? _____

Have you discussed the \$150.00 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.)

What portion of the fee will be paid by: applicant _____ you _____ other? _____

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?

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.
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

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 _____

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: Policy No.: _____

Other Emergency Contacts: _____

Please list all allergies, restrictions or health exceptions:

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**