



Return Women's applications to :
Keith & Kathy Hartsell
4788 North Old 41
Vincennes, IN 47591
(812) 886-9726

Return Men's applications to:
Shelley Preston
4140 E. Sylvania Rd.
Bloomfield, IN 47424
(812) 384-7898

No Date Preference _____
1st Walk Date Requested _____
2nd Walk Date Requested _____

All information except name and address is kept confidential. It is used for the purpose of planning the weekend activities.

PLEASE PRINT AND COMPLETE FULLY

Name and complete mailing address of the church you attend:

Name _____

Name for name tag _____

Address _____

City _____ State _____ Zip _____

Pastor's Name _____

Phone _____ Age _____

Church Phone _____

Email Address _____

Does your pastor know you will be attending the Walk to Emmaus? _____

Marital Status _____ Has spouse attended a Walk? If yes Indicate his/her name & Walk # _____

Community or Church Organizations _____

Your Occupation _____

Hobbies or Interest _____

For some walks, t-shirts are provided. There is no charge.

T-shirt Size (S, M, L, XL, 2XL, etc...) _____

Has the weekend been explained to you?

Table with 3 columns: Activity, Yes, No. Rows include Ecumenical, Worship Services, Talks & discussions, Scholarships available, Reunion groups post-weekend.

Health information:

Special diet? Yes No
If yes, what kind? _____

Special medication _____

Any physical conditions which would limit your participation in the weekend? _____

Notice: Camp Illiana is a tobacco free campus. *****

Please indicate in a brief statement why you wish to participate in the Walk to Emmaus. What do you expect to gain from it?

Please enclose a non-refundable and non-transferable pre-registration deposit of \$50 with this application, which will be applied toward your \$100 fee for the weekend. Make your check payable to Southwest Indiana Walk to Emmaus. Your check deposit will be cashed immediately. If you are unable to attend, please contact the registrar immediately. Cancellations must be made at least 3 weeks prior to your assigned Walk; otherwise the application must be re-submitted along with an additional \$50 pre-registration deposit. A deposit MUST be made at the time the application is submitted in order to be officially added to the pilgrim list.

**Southwest Indiana Walk To Emmaus
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I, _____, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH the Walk To Emmaus including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically able to attend this event and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Southwest Indiana Walk To Emmaus Board of Directors, Camp Illiana staff, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Southwest Indiana Walk To Emmaus and/or their directors, officers, employees, volunteers, representatives, and agents, and Camp Illiana and/or their; directors, officers, employees, volunteers, representatives, and agents

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by negligence or otherwise.

I acknowledge that Southwest Indiana Walk To Emmaus and Camp Illiana along with their directors, officers, staff, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Candidate's Emergency Medical Information:

Name & telephone number(s) of person to contact _____

Name & telephone number of family physician _____

Allergies to medications, foods, plants, etc. _____

THIS PORTION TO BE FILLED OUT BY SPONSOR:

Candidate's Name _____

Sponsor's Name _____

Sponsor's Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Church you regularly attend _____

Where and when did you make your Weekend? _____

Are you presently involved in weekly grouping? Yes No

Are you praying and sacrificing for your candidate? Yes No

How long have you know the candidate? _____

Explain why you feel that this person would be a good Candidate _____

Do you feel that the candidate is capable to make the weekend? Yes No

Are you able to assist the candidate to get into a weekly reunion group? Yes No

If the candidate is married, have you or will you discuss the Walk to Emmaus with the spouse? Yes No N/A

Will you participate in the Weekend? Yes No

Have you explained the post-weekend meetings? Yes No

Will you see to or care for the needs of the spouse and the family of the candidate over the weekend? Yes No

Have you read the Fourth Day handbook on sponsoring? Yes No

AS THE SPONSOR OF THIS CANDIDATE, I WILL COVENANT TO SUPPORT THIS PERSON BEFORE, DURING AND AFTER THE WALK TO EMMAUS WEEKEND.

SPONSOR'S SIGNATURE

DATE

Notice: Camp Illiana is a tobacco free campus. Updated SIWE Pilgrim Application 05/30/2018. DISCARD ALL OTHERS!!

INSTRUCTIONS FOR THE EMMAUS WALK APPLICATION

READ CAREFULLY AND FOLLOW INSTRUCTIONS

- PLEASE **PRINT** CLEARLY REQUIRED INFORMATION IN ALL AREAS
- USE TWO LINES IF NEEDED FOR THE EMAIL ADDRESS. MAKE SURE DISTINCTION IS MADE BETWEEN UPPER AND LOWER CASE CHARACTERS AND THE " @ " PART OF THE ADDRESS IS LEGIBLE
- **COMPLETE ALL FIELDS** (THESE FIELDS ARE COMMONLY LEFT BLANK)
 1. T Shirt Size
 2. Badge Name-First **and** Last Name
 3. Medical Information
 4. Pastor and Church Information
- PLEASE ENCLOSE A **NON-REFUNDABLE** AND **NON-TRANSFERABLE** PRE-REGISTRATION DEPOSIT OF \$50.00 WITH THE APPLICATION. THIS WILL BE APPLIED TOWARD YOUR \$100.00 FEE FOR THE WEEKEND
- **THE \$50.00/\$100.00 IS NON-REFUNDABLE**
- **THE \$50.00/\$100.00 IS NOT TRANSFERABLE**
- IF YOU ARE UNABLE TO ATTEND, PLEASE CONTACT THE REGISTRAR **IMMEDIATELY**
- **ALL CANCELLATIONS AND WALK DATE CHANGES MUST BE MADE AT LEAST 2 WEEKS PRIOR TO YOUR ASSIGNED WALK. MONEY CAN BE HELD OVER FOR A PILGRIM IF THEY PLAN TO ATTEND ONE OF THE NEXT TWO AVAILABLE WALKS. IT IS THE RESPONSIBILITY OF THE SPONSOR TO LET THE REGISTRAR KNOW WHAT THE NEXT AVAILABLE DATE WILL BE FOR THE PILGRIM TO ATTEND. AFTER THAT AN APPLICATION MUST BE RE-SUBMITTED ALONG WITH A NEW \$50.00 PRE-REGISTRATION DEPOSIT.**
- A **DEPOSIT MUST BE MADE AT THE TIME THE APPLICATION IS SUBMITTED** IN ORDER TO BE OFFICALLY ADDED TO THE PILGRIM LIST
- **APPLICATIONS MUST BE RECEIVED BY MAIL 14 DAYS PRIOR TO THE START OF THE WALK**
- **APPLICATIONS WILL NOT BE ACCEPTED BY EMAIL OR PHONE**

Southwest Indiana Walk to Emmaus
Emergency Medical Form

Your Name: _____

Name and telephone number(s) of person to contact in case of emergency.

Name and telephone number of family physician.

Known allergies to medications, foods, plants, etc.

In case of an emergency, I give my permission for the Southwest Indiana Walk to Emmaus Community to use this information to aid in my emergency medical need. This information is otherwise confidential and should not be released.

Signature

Date