

the epiphany pilgrimage 2020

journey in faith. encounter the Christ-Child. live for Him.

Thank you for joining us for the Epiphany Pilgrimage. This form is for those joining us for a day walk. If you are joining us for a longer period please fill out the general registration form.

The information collected on this form will be used to ensure all safety considerations are satisfied for all pilgrims. Forms will only be viewed by the Pilgrimage Coordinators and will only be distributed to authorised persons in emergency situations.

If you have any concerns regarding your ability to participate in the Pilgrimage, please consult a medical practitioner for advice.

All fields on this form are mandatory. Please ensure that all information provided on this form is current and accurate.

Pilgrim Details (first listed pilgrim is nominated as responsible for all subsequent pilgrims)

Surname Given Names Age

Contact Mobile Number:

Email:

Emergency Contact

Name:

Email:

Contact Mobile Number:

Pilgrimage Day

Day 1: Emu Plains – Glenbrook 10km

Day 5: Wentworth Falls – Katoomba 15km

Day 2: Glenbrook – Springwood 17km

Day 6: Katoomba – Blackheath 14km

Day 3: Springwood – Lawson 22km

Day 7: Blackheath – Bell 18km

Day 4: Lawson – Wentworth Falls 13km

Medical Information

Do you have any serious ailments/injuries/conditions/mental health concerns (example: Heart condition, Depression, Diabetes, Asthma...)?

Yes

No

If Yes, please provide details:

Administration use only

Registration form

Medical information

Payment

Pilgrim pack issued

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Do you have any medication that you may require assistance administering?

Yes

No

If Yes, please provide details:

Do you have any allergies (including food allergies)?

Yes

No

If Yes, please provide details:

Fitness and Wellbeing

Are you able to walk up to 25kms per day?

Yes

No

Have you had any previous experience with Bushwalking or strenuous walking over consecutive days?

Yes – strenuous walking over consecutive days (example: Camino)

Yes – full day bushwalking

Yes – short (less than 4 hour) bushwalks

No

If Yes, please provide details (including *when* you undertook the bushwalk, the *number of kilometres* walked, the *duration* of the walk, etc.)

Declaration and Consent

By completing and signing this declaration you are confirming (for yourself and dependants) that:
(Please tick the boxes to demonstrate that you have read and understood the following)

- I am participating voluntarily in the Epiphany Pilgrimage and I understand that I can withdraw from participating in the Epiphany Pilgrimage at any time prior and during the Pilgrimage. I understand that I will not receive a refund. If I decide to withdraw during the Pilgrimage I will be responsible for organising my own transport to leave the Pilgrimage;

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- I understand that during the Pilgrimage I may be exposed to extreme weather conditions (including extreme heat, heavy rain, strong winds, etc.);
- I understand that the Pilgrimage will involve strenuous physical activity;
- The information which I have provided on this form is current, complete and accurate. I undertake to notify the Pilgrimage Coordinators if there are any changes to the information prior to, or during, the pilgrimage. I understand that the Pilgrimage Coordinators reserve the right to refuse my continued participation in the Pilgrimage if any of the above information is found to be incorrect or inaccurate;
- I understand that the Pilgrimage Coordinators reserve the right to request further medical clearance from a registered medical practitioner to confirm the capacity of a pilgrim to undertake the Pilgrimage;
- I agree to behave in a safe and appropriate manner to minimise the risks of causing injuries to myself and/or other Pilgrimage participants. I acknowledge that the Pilgrimage Coordinators are not liable for injuries that I may sustain as a result of participating in the Pilgrimage activities. I also understand that the Pilgrimage Coordinators reserve the right to refuse my continued participation in the pilgrimage should I sustain a serious injury that may impact my ability to safely continue with the Pilgrimage;
- I authorise the Pilgrimage Coordinators to arrange for appropriate medical services to be provided to me in cases of emergency where it is impractical for me to directly arrange these services. I undertake to pay costs incurred for any medical attention required;
- I understand that my behaviour must be of a standard consistent with the expectations of reasonable persons. I also understand and accept the authority of the Pilgrimage Coordinators and undertake to follow all reasonable directions. I acknowledge that if my behaviour is deemed inappropriate by the Pilgrimage Coordinators or if the above declarations and/or undertakings are breached, I may face dismissal from the pilgrimage and be required to return home at my own expense; and
- I consent to the publication of video footage and photographs/images taken of me in any format (hard copy or electronic) for the promotion of the Epiphany Pilgrimage and other Diocesan-based activities, as deemed appropriate by the Pilgrimage Coordinators.

Name

Signature

Date