

the epiphany pilgrimage 2019

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 1 or more days of walking. Non-walkers are not required to fill out this form but register their interest through the Parish and Volunteer Involvement webpage.

To ensure that this pilgrimage is a safe and successful event please complete this registration form: the information collected on this form will be used to ensure all safety considerations are satisfied for all pilgrims. The information will only be viewed by the Pilgrimage Coordinators and will only be distributed to authorised persons in emergency situations.

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

Pilgrim Details

Surname:

Given Names:

Preferred Name (for 7 day Pilgrimage Certificate + Pilgrim Post):

Date of Birth:

Age:

Contact Mobile Number:

Contact Home Number:

Home Address:

Email:

Emergency Contact

Name:

Email:

Contact Mobile Number:

Contact Home Number:

Pilgrimage Option

- Option A: Full Pilgrimage
- Option B: Day and Evening Pilgrimage
- Option C: Day Pilgrimage

Pilgrimage Length

- 7 day pilgrimage

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OR (select all that apply below)

- Day 1: Emu Plains – Glenbrook 10km
- Day 2: Glenbrook – Springwood 17km
- Day 3: Springwood – Lawson 22km
- Day 4: Lawson – Wentworth Falls 13km
- Day 5: Wentworth Falls – Katoomba 15km
- Day 6: Katoomba – Blackheath 14km
- Day 7: Blackheath – Bell 18km

Pilgrimage Payment

Depending on the pilgrimage option chosen, costs cover food, the pilgrim pack, overnight accommodation, administrative costs, and the pilgrim post as well as donations for parishes, guest speakers and musicians. The pilgrimage is a not-for-profit initiative.

Option A: Full Pilgrimage	Option B: Day and Evening Pilgrimage	Option C: Day Pilgrimage
7 day pilgrimage: \$400	7 day pilgrimage: \$150	7 day pilgrimage:
Partial pilgrimage:	Partial pilgrimage:	<ul style="list-style-type: none">• \$5 first day of walking (no additional charge for couples or families)• Free for subsequent days• Bandanas purchased for an additional \$15
<ul style="list-style-type: none">• \$95 (Day 1 includes pilgrim pack)• \$55 (additional days)	<ul style="list-style-type: none">• \$25 per day• Bandanas purchased for an additional \$15	

No. Pilgrims: Pilgrim Option: Total: \$

Additional Pilgrim Packs: @ \$40 Total: \$

Additional Bandanas: @ \$15 Total: \$

TOTAL PAYMENT: \$

Payment is to be made by EFT into the following Epiphany Pilgrimage (ING Bank) account:

Name: BSB: 923 100

Account: 70156885

Epiphany Pilgrimage_General Registration Form 2019

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Medical Information

Do you have any illnesses/conditions/ailments that may require attention during the pilgrimage?

- Yes
- No

If Yes, please provide details:

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

- Yes
- No

If Yes, please provide details:

Do you have any previous medical history that may impact your ability to participate in the pilgrimage? (including injuries, surgery, conditions, etc.)

- Yes
- No

If Yes, please provide details:

Do you have any allergies?

- Yes
- No

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If yes, please list your allergies:

Please note:

- If you have been prescribed medication, it is expected that you will carry sufficient amounts of medication for the duration of the pilgrimage. It is also expected that you will self-administer any required medication. If you require assistance, please discuss your requirements prior to the submission of this form;
- If you have any concerns regarding your ability to participate in the Pilgrimage please consult a medical practitioner for advice;
- The Pilgrimage Coordinators reserve the right to request further medical clearance from your local doctor in some circumstances. If this is the case, you will be contacted by a Pilgrimage Coordinator to discuss the further information required.

Fitness and Wellbeing

Are you able to walk the distances selected above?

- Yes
 No

Have you had any previous experience with bushwalking?

- Yes
 No

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

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Have you previously completed any events/strenuous walking over consecutive days? (eg. the Camino, pilgrimages through urban areas, etc.)

- Yes
- No

Please indicate your swimming ability:

- Strong – 50 metres unaided
- Average – 25 metres unaided
- Poor – 10 metres unaided
- Non-swimmer

Dietary Requirements

Do you have any dietary requirements?

- Yes
- No

If yes, please list your dietary requirements:

If yes, are these dietary requirements due to medical reasons?

- Yes
- No

Declaration and Consent

By completing and signing this declaration you are confirming the following:
(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

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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;

- 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