

# the epiphany pilgrimage 2020

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

*Thank you for joining us for the Epiphany Pilgrimage. If you're only joining us for a single day please fill out the Day Walker Registration Form. 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:

Contact Mobile Number:

Contact Home Number:

## Pilgrimage Length

The full 7 day pilgrimage

*Or select all that apply...*

### *Administration use only*

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Registration form

Medical information

Payment

Pilgrim pack issued

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Route	Distance	Lunch & snacks	Dinner**	Overnight*
Day 1: Emu Plains – Glenbrook	10km	N/A		
Day 2: Glenbrook – Springwood	18km			
Day 3: Springwood – Lawson	22km			
Day 4: Lawson – Wentworth Falls	17km			
Day 5: Wentworth Falls – Katoomba	15km			
Day 6: Katoomba – Blackheath	14km			
Day 7: Blackheath – Bell	18km			N/A

## Pilgrimage Payment

*The pilgrimage is a not-for-profit initiative staffed by volunteers.*

Item	Cost per unit	Number of units	Cost
Full pilgrimage ^	\$400		\$
<b>OR</b>			
<i>Pilgrim pack and administration</i>	\$40	1	\$40
Lunch and snacks	\$20		\$
Dinner*	\$30		\$
Overnight#	\$15		\$
Additional bandana	\$15		\$
<b>OR</b>			
Day walk administration	\$5		\$
			<b>Total Cost \$</b>

*^ includes certificate of completion and inscription on the pilgrim post*

*\* includes donations to the speakers, musicians and the hosting parish*

*# includes donation to hosting parish, trailer hire and breakfast the following day*

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

Name: BSB: 923 100      Account: 70156885

*Epiphany Pilgrimage\_Registration Form 2020*

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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; and
- 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

## Dietary Requirements

Do you have any food allergies and/or intolerances?

Yes

No

If yes, please list your food allergies and/or intolerances

If you require alternate food items (eg. lactose free milk), please specify your preferred product (eg. Zymil milk):

## 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 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;

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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;

I understand that if I choose to cancel my registration after 15 December 2019 then I will only receive a 50% refund of any pilgrimage costs paid to the Epiphany Pilgrimage Group (If you wish you can elect to defer the whole pilgrimage payment to a subsequent pilgrimage);

I have deposited the pilgrimage payment into the nominated account; 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