

the epiphany pilgrimage 2020

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

Thank you for joining us for the Feast of the Epiphany day walk. 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.

All fields on this form are mandatory. Please ensure that 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
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Contact Mobile Number:

Email:

Emergency Contact

Name:

Email:

Contact Mobile Number:

Medical Information

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

Yes

No

If Yes, please provide details:

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

Yes

No

If Yes, please provide details:

Do you have any food allergies?

Yes

No

If Yes, please provide details:

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Are you able to walk 10 kms on a hot day?

Yes

No

Declaration and Consent

By completing and signing this declaration you are confirming (for all those listed on this form) that: *(Please tick the boxes to demonstrate that you have read and understood the following)*

- I am participating voluntarily in the Feast of the Epiphany day walk and I understand that I can withdraw from participating at any time prior and during the Pilgrimage. If I decide to withdraw during the walk 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.) and 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 walk. I understand that the Pilgrimage Coordinators reserve the right to refuse my continued participation in the walk if any of the above information is found to be incorrect or inaccurate;
- 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 should I sustain a serious injury that may impact my ability to safely continue;
- 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 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