The United Emmaus Community, Inc.
Request for Reservation

TO BE COMPLETED BY THE APPLICANT:

Requested Walk Date: ___/___/____ __Male __Female

Name: _____ Home Phone: ( )____-_____

Address: _____ Cell Phone: ( )____-_____

City/State/Zip: _____

E-mail address: _____

Date of Birth: ___/___/____ Name for Name Badge: _____

Clergy? __No __Yes Music Training? __No __Yes

Occupation: _____

Your Church/City: _____

Minister's name: _____

Do you require a special diet for the weekend? __No __Yes (please explain):

_____

List any health problems or physical handicaps: _____

_____

Emergency Contact: _____

Commit this weekend to Emmaus. If, for any reason, you find that you cannot attend, notify your sponsor immediately so that a replacement can be obtained from our waiting list.

This application and an application fee of $100 should be given to your sponsor who will forward them to the registrar. This fee is refundable if the applicant cannot attend the Walk given proper notice.

Please note that no cameras or cell phones are allowed on the Walk.

TO BE COMPLETED BY THE SPONSOR:

Name: _____ E-mail: _____

Address: _____ Home Phone: ( ) ____-_____

City/State/Zip: _____ Cell Phone: ( ) ____-_____

___Check here if new address, e-mail or phone number.

Please see Sponsor Responsibilities

The sponsor must enclose an additional $60 sponsor's fee and mail the completed application to:

Registrar
United Emmaus Community
P.O. Box 4543 CRS
Johnson City, TN 37602-4543

WALK TO EMMAUS

PARTICIPANT RELEASE OF LIABILITY & ASSUMPTION OF RISK

Sponsored by United Emmaus Community, Inc.

PARTICIPANT INFORMATION

Walk Date:

Name:

Preferred Name:

Phone:

DOB:

RELEASE OF LIABILITY & ASSUMPTION OF RISK

In consideration of being permitted to participate in the Walk to Emmaus identified above and related activities, including lodging, meals, worship services, meetings, transportation, recreational activities, and use of event facilities, I acknowledge and agree as follows:

I understand that participation may involve inherent risks, and I voluntarily choose to participate. I understand that participation may involve extensive walking, using stairs, extended periods of sitting or standing, shared meals, overnight lodging, shared restroom facilities, and other retreat activities. Risks include slips, falls, accidents, illness, allergic reactions, aggravation of existing medical conditions, transportation incidents, weather conditions, acts of other participants, and other injuries, including serious injury or death. I knowingly and voluntarily assume the risks of participation, including risks arising from the ordinary negligence described below, to the extent permitted by law.

To the fullest extent permitted by Tennessee law, I release, waive, and hold harmless United Emmaus Community, Inc., participating churches and ministries, owners and operators of facilities used for the Walk, and their respective officers, directors, board members, clergy, employees, volunteers, sponsors, team members, agents, and representatives from claims arising from **ORDINARY NEGLIGENCE** related to my participation in the Walk to Emmaus or my presence at event facilities.

This release includes claims for personal injury, illness, disability, death, emotional distress, property damage, property loss, and related damages. This release does not apply to gross negligence, reckless conduct, willful or wanton conduct, intentional wrongdoing, or claims that cannot legally be waived under Tennessee law.

HEALTH INFORMATION & ACCOMMODATIONS

I will provide relevant information about medical conditions, allergies, dietary needs, and requested accommodations, and promptly notify event leadership of changes. I will participate within my abilities and seek medical advice beforehand if appropriate. I understand that organizers and volunteers do not provide medical care and that on-site medical professionals are not guaranteed.

MEDICAL AUTHORIZATION

In the event of illness or injury, I authorize event leadership to contact emergency medical services, contact my designated emergency contact, and provide available emergency information to healthcare providers. If I am unable to communicate my wishes, I authorize organizers to seek emergency evaluation and transportation. Treatment decisions remain with qualified medical professionals under applicable consent requirements. I understand that I am responsible for medical and transportation charges billed to me; this provision does not waive any claim excluded from the release above.

Emergency Contact:

Phone:

Relationship:

Relevant medical conditions, allergies, dietary needs / accommodations:

ACKNOWLEDGMENT

☐ By checking the box and signing below, I acknowledge that I have read and understand this Agreement, voluntarily assume the risks associated with participation, understand that I am waiving certain legal rights, am at least 18 years old, and am signing freely and voluntarily. I will participate within my abilities. This Agreement applies to the Walk identified above. If a provision is unenforceable, the remaining provisions apply to the extent permitted by law.

SIGNATURES

Pilgrim/Team Member Signature:

Date:

Printed Name:

Email:

Witness Signature:

Date:

Witness Printed Name:

Complete all applicable fields, save a copy, and submit according to event instructions.