

Local Pilgrimage
Participation Form

(these forms will be destroyed following the event)

Name _____

Address _____

Medical Information:

Medical number _____

Emergency Contact _____

Are you allergic to any medication (relevant to a medical emergency)? If yes, please list

Do you have any relevant life-threatening allergies? If yes please list

If yes - please inform us where you keep your epi pen

Is there any medical information that is essential for us to know for the duration of a three hour walk?

(please note: we expect every participant to take responsibility for their health and safety. If at any point you need to leave the walk early or change your walking plan, please let know, but we trust that you know your body best)

Other:

We will be taking pictures throughout this walk and will post some of these images on social media. Please tell us if you do NOT give permission for image to appear on social media to promote local pilgrimage. Otherwise, we assume permission is granted.

I do NOT give permission for my image to appear on social media.