



SPARTANBURG INTERFAITH ALLIANCE

Application/Release Form for Pilgrimage Trip

(One form is needed for each person.)

Name _____ Telephone # (Home) _____

Address _____ (Cell) _____

_____ Email _____

Dates of Trip: April 15-18, 2018 Destination: Washington, DC

_____ Male _____ Female _____

In the event of an emergency, please contact:

Name _____ Telephone # (Home) _____

Relationship _____ (Work) _____

Address _____ (Cell) _____

MEDICAL CONSENT

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional.

SIGNATURE: _____

INSURANCE INFORMATION

I understand that the Spartanburg Interfaith Alliance does not provide insurance coverage for personal injuries of travelers while on the pilgrimage. I agree to provide my own medical insurance coverage. I have medical insurance with:

Insurance Company _____

Address _____

Policy and/or Group # _____

Insured's Identification # _____

If covered by the policy of another,
the name of the policy holder is _____

SIGNATURE _____

FINANCIAL RESPONSIBILITY

The cost of the trip (\$600) is payable to First Presbyterian Church. A non-refundable deposit of \$100 is required with this application. Deadline for final payment is March 15, 2018.

Please return form along with \$100 deposit to:

First Presbyterian Church
Attention: Shannon Stewart
393 E. Main Street
Spartanburg, SC 29302

PERSONAL RESPONSIBILITY

____ I understand that this is an interfaith trip and the need to respect people coming from all faiths and backgrounds.

____ I understand that teamwork and trust are essential experience. A commitment to participate in this pilgrimage includes willingness to be a part of the team and to be a positive contributor to the spirit of the group. I am willing to serve in this spirit. I agree to refrain from any activities that are considered to be inappropriate on the pilgrimage.

____ I agree to attend all functions during the Pilgrimage.

____ I understand that there are risks associated with the activities and travel to, from, and while in Washington, DC. I freely and voluntarily agree to assume all of the risks associated with my participation in the activities.

____ I agree to participate in planned activities and to participate in sharing and discussion as part of the Interfaith Pilgrimage.

____ I understand that none of the organizations involved in organizing this trip makes any representations or warranties concerning issues of safety, risk, dangers or protections, and I hereby release and waive any and all claims of liability of any kind against Spartanburg Interfaith Alliance, The Spartanburg County Foundation, First Presbyterian Church, and any and all other entities and organizers of this event, and all individuals involved with organizing and/or leading this event.

I agree with the above statement.
Please initial each item and sign your name

Date _____

Signature _____

Parental Consent (Under 18) _____