

# Christian Pilgrimage Consent Form

## Participant Information

Full Name

Date of Birth

Address

Phone

Email

## Emergency Contact

Name

Phone

Relationship

## Medical Information

Relevant Medical Conditions/Allergies

Medications

## Consent Agreement

I acknowledge that I am voluntarily participating in the Christian pilgrimage. I have informed the organizers of any relevant medical, dietary, or physical conditions. I agree to follow the guidance and instructions of the pilgrimage leaders, and release them from liability for any harm or injury that may arise, except in cases of gross negligence.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date