

# Pilgrimage Consent & Liability Waiver

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

## Emergency Contact

Name

Phone Number

Relationship

## Medical Information

Medical Conditions / Medication

Allergies

## Consent & Liability Waiver

I acknowledge that participation in the pilgrimage involves inherent risks, including but not limited to travel-related risks, physical injury, emotional distress, and unforeseen circumstances. I voluntarily assume all such

risks and agree to hold harmless the pilgrimage organizers, leaders, and partnering organizations from any liability, claims, or demands arising out of or relating to my participation.

I certify that I am physically fit to participate and have disclosed all relevant medical conditions. I consent to emergency medical treatment as deemed necessary. I have read, understood, and agree to the terms of this waiver.

Participant Signature

Date

**If Participant is Under 18:**

Parent/Guardian Name

Parent/Guardian Signature

Date