



L.O.V.E. Emmaus Community

Limestone-Ohio Valley Emmaus Community

Walk to Emmaus - Registration Form

Limestone Ohio Valley Emmaus Community, Inc. Sponsor Addendum form:

As a Sponsor of a LOVE Community Pilgrim by signing and returning this form I am agreeing that I understand the following regulations:

Closed Events: (By "closed" it means that unless someone has attended an Emmaus walk or Chrysalis Flight they are not to attend the following Emmaus Events on a walk.)

- 1) Kickoff Picnic (Thursday)**
- 2) Candlelight service (Saturday)**
- 3) Closing Ceremony. (Sunday)**

For the following reasons:

By having people (adult or children) that have not been on an Emmaus Event it will 1) possibly remove some of the experience if people chose to go on a later date. 2) By allowing Children at these events it distracts not only the related family of the pilgrim but other pilgrims whom also will be missing their family members, this distraction from their own personal relationship with God (The same reasons that Phones, TV, Radios and other outside distractions are removed from the weekend.) 3) By having Children at these events it will distract some pilgrims and their genuine response and actions during these events.

Signature: _____

Printed Name: _____

Date: _____

Please also note some of the other responsibilities of the sponsor's role during the Walk.

- 1) Get your pilgrim to the kick off dinner on time.
- 2) Gather the letters from family and friends and provide them to the LOG's no later than Candle light service on Saturday night.
- 3) Take care of the Pilgrims needed items at home during the walk.
- 4) Attend the closing ceremony and provide your Pilgrim a ride home.
- 5) Be sure to notify the team if there are any special needs, such as Medications, dietary needs.



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Please complete the information below so we can meet your needs on the Walk to Emmaus weekend. All information will be kept confidential. UPON COMPLETION, PLEASE RETURN THIS FORM TO YOUR SPONSOR.

Name _____ For Name Tag _____

Address _____ Circle One: Male - Female Age _____

City _____ State _____ Zip _____ Phone (_____) _____

Circle One: Married – Single – Divorced – Widowed - Separated E-mail address: _____

Spouse's Name _____ Number of Children _____

Your occupation _____ Business Phone (_____) _____

Name of close friend other than your sponsor _____ Phone of close friend (_____) _____

Name and denomination of church you attend _____

Pastor's name _____ Address _____

Has the Walk to Emmaus been explained to you? _____ **IF NOT, ASK YOUR SPONSOR!**

Has the opportunity for fellowship following the Walk been explained? (Share groups, Monthly gatherings) _____

Are you on a special diet? _____ If yes, what type? _____

Do you have a physical limitation or health problems that may affect your full participation on the weekend? _____

If yes, please explain _____

Do you smoke? _____

Do you have allergies to food or smoke? _____ (NOTE: If yes, please list on medical form)

Do you take medications at specific times (other than 'with meals' and 'at bedtime')? _____ (NOTE: If you have any medical condition or take medications that medical personnel would need to know in case of emergency please fill out the emergency medical form, seal it in an envelope with your name and give it to the registrar when you sign in. It will be returned unopened on Sunday, unless needed.)

State briefly why you want to be involved in the Walk to Emmaus? _____

Signature _____ Date _____

GIVE THIS FORM TO YOUR SPONSOR TO COMPLETE.

The Walks will be held at Mt. Hope Campground near Otway, OH. Please note the dates of the walk you would like to attend:

****Note: The registrar must have this form completed before the pilgrim will be added to the walk list.**



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Limestone Ohio Valley Emmaus Community, Inc. Adult Emergency Medical Information Form

Please complete and return with your application or turn it in during registration Thursday evening of the walk. Seal it in an envelope with your name on the front. This information will be kept confidential and returned to you on Sunday. This is recommended, in case of emergency while you are at Mt. Hope Campground.

Name _____

Emergency Contacts (relationship) and Phone Numbers

Please list all medications (or attach a list):

If you take medications at specific times (other than 'with meals' and 'at bedtime'), please give instructions here and inform the registrar when you arrive. You will keep your meds with you. We will make sure you are aware when it is time to take your medication.

Please list any medical conditions we need to be aware of, along with instructions for assisting you if you should have a medical emergency.

Please list all allergies, including foods



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SPONSORS: Please read this section before giving the Registration Form to the prospective pilgrim.

We are counting on you to understand and fulfill the responsibilities of a Sponsor. These include:

AWARENESS AND SENSITIVITY - sponsor only those you know well enough to assess their spiritual, physical, and emotional readiness for the Walk.

PREPARATION - you are to inform the pilgrim (and spouse) of the nature and schedule of the Walk and the opportunity for ongoing Emmaus participation, share groups and gatherings. REMEMBER, NO SECRETS, ONLY SURPRISES.

SUPPORT - you are asked to support your pilgrim with transportation to and from the Walk, prayer vigil during the Walk, personal agape, attendance at Sponsor's Hour, Candlelight and Closing, escort to their first monthly gathering and assistance in finding a sharing group. Help with family needs during the weekend if so desired. Commit yourself to minimal contact with your pilgrim on the Walk, especially if it is your spouse.

Please enclose a deposit of \$15.00 to be applied to the total of \$100.00. You can make the check to LOVE Community. The deposit is non-refundable, but may be transferred to another Emmaus weekend.

PLEASE DO NOT AGREE TO SPONSOR ANY PILGRIM IF YOU CANNOT COMPLETELY FULFILL THESE RESPONSIBILITIES.

INFORMATION TO BE COMPLETED BY SPONSOR

Sponsor Name _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

E-mail address: _____ How long have you known the pilgrim? _____

Where did you attend Emmaus/Chrysalis/Cursillo? _____

When _____ Walk # _____ Name/Denomination of your church _____

Are you in a sharing group? ____ Do you receive a newsletter? ____

Have you served as a sponsor before? _____ If so, in the past six months? _____

Specific ways the pilgrim demonstrates Christian leadership: _____

How do you think the pilgrim will benefit from the weekend? _____

Additional comments that may be helpful: _____

****Note: The registrar must have this form completed with the \$15.00 deposit before the pilgrim will be added to the walk list.**

Mail registration form to:
Cheri McClanahan
86 Hunter Ridge Rd. West Union, OH 45693
OR email to: cherimcclanahan2012@gmail.com



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IN CONSIDERATION OF the risk of injury that exists while participating in THE WALK TO EMMAUS (hereinafter the “Activity”); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same:

I HEREBY, for myself, my heirs, executors, administrators, assigns or personal representatives (hereinafter collectively, “Releasor” “I” or “me” which terms shall also include Releasor’s parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge LIMESTONE OHIO VALLEY EMMAUS COMMUNITY, MT. HOPE CAMPGROUND, and THE UPPER ROOM, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively “releasees”), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I FURTHER AGREE to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf including attorney’s fees and any related costs.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize Limestone Ohio Valley Emmaus Community to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AED’s, emergency medical transport and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of LIMESTONE OHIO VALLEY EMMAUS COMMUNITY, MT. HOPE CAMPGROUND and THE UPPER ROOM, its agents, employees or volunteers.

I FURTHER ACKNOWLEDGE that while participating in the Activity, consistent with CDC guidelines, that I am encouraged to practice hand hygiene, “social distancing” and wear face coverings (if required) to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, LIMESTONE OHIO VALLEY EMMAUS COMMUNITY AND MT. HOPE CAMPGROUND has put in place preventative measures to reduce the spread of COVID-19. However, LIMESTONE OHIO VALLEY EMMAUS COMMUNITY, MT. HOPE CAMPGROUND AND THE UPPER ROOM cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in LIMESTONE OHIO VALLEY EMMAUS COMMUNITY, MT. HOPE CAMPGROUND AND THE UPPER ROOM events and/or other face to face activities. By attending a LIMESTONE OHIO VALLEY EMMAUS COMMUNITY, MT. HOPE CAMPGROUND AND/OR THE UPPER ROOM activity, you certify that you do not fall into any of the following categories:

1. Individuals who currently or with the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

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ASSUMPTION OF THE RISK. I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist:
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence fault or conduct of any kind on the part of the Released Parties.
4. I acknowledge the health risks associated with the Activity and agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention. I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH PARTICIPATION IN THE ACTIVITY.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK, I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I agree that this Release shall be governed for all purposes by Kentucky law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS AGREEMENT was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength.

Participant

Date

Please print your name