



New Mexico Pilgrimage for Unity

September 12th, 13th, 14th, and 15th, 2019

Theme: We Walk in Peace. We Walk as One (Eph 4:3)

Website: www.nmpilgrimage.org Facebook: [@pilgrimageforunity](https://www.facebook.com/pilgrimageforunity)

Deadline to Complete and Submit Registration is August 1st, 2019

Applicant Information

Name: _____ Date of Birth (mm/dd/yy): _____
 Mailing Address: _____ Home Phone: _(_____)_____
 City: _____ State: _____ Zip: _____ Cell Phone: _____
 Email: _____ Gender: Male Female

Church Community Information

Faith Community: _____ Denomination: _____
 Pastor: _____ City: _____ Phone: _(_____)_____

Please Answer All Questions

1) By September 2019, I will be at least 18 years of age.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) I understand that I am expected to participate in a mandatory orientation for the pilgrimage on or around August 24 th . (Video conferencing will be available.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) I will try to complete at least one 15 to 20 mile practice walk prior to the pilgrimage.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) I agree not to possess weapons or to use illegal drugs or alcohol.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) I agree to conduct myself in a loving and respectful manner at all times before, during and after the pilgrimage.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) I understand that I might be asked to leave the pilgrimage if I do not conduct myself in a loving and respectful manner or cannot handle the physical rigor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) How do you plan to participate in the Pilgrimage?	<input type="checkbox"/> Walker	<input type="checkbox"/> Support Team*

*Support Team members are responsible for driving the support vehicles, moving gear, serving refreshments and other tasks necessary to support the Pilgrimage.

Medical and Emergency Contact Information

1) Please provide your Medical Insurance Provider: _____ Group Number: _____
 2) Medical Insurance Member Number: _____
 3) Please list any food, medical or other important allergies: _____

 4) How would you describe your overall fitness level : _____
 5) Please list any medical problems of which we should be aware: _____
 6) In an emergency contact: _____ Phone: _(_____)_____
 7) Name of your Primary Care Physician: _____ Phone: _(_____)_____

Waiver and Release

I, _____, HEREBY WAIVE AND RELEASE the organizers of the Pilgrimage for Unity, the Archdiocese of Santa Fe, the New Mexico Conference of Churches, the Ghost Ranch Education and Retreat Center, the Christ in the Desert Monastery, the McCurdy School and all Law Enforcement Agencies from liability pertaining to the matters set forth below. I understand that by signing this Waiver and Release, I expressly and willingly agree to assume complete responsibility for any risk of injury that may arise from the below related activity. On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries, illness and death sustained to me or my property, that I may have against the above named Released Parties relating to such activity. I understand that the activities that I will participate are inherently dangerous and may cause serious injuries, including bodily injury, damage to personal property, illness and/or death. By this waiver, I assume any risk, and take full responsibility and waive any and all claims of personal injury, including severe bodily injury, damage to personal property, illness and death relating to all activities associated with the Pilgrimage for Unity including but not limited to walking along public highways; staying overnight in shared, rustic dormitory spaces; outdoor camping; liturgy and other ceremonies involving campfires; shared meal, water and restroom services; and so on. If I am injured or become seriously ill, I will not hold Released Parties responsible even if the injuries were caused by negligence on my part or the Released Parties, or any other party under or affiliated with the above named Released Parties.

I do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the abovementioned activity, and, if required, will obtain medical examination and clearance.

Signature of Applicant

Date

Pay-as-Led Payment System

To cover the costs of the Pilgrimage while keeping it accessible and affordable for all, we are implementing a Pay-as-Led Model of payment for the 2019 Pilgrimage. We are providing you with three numbers:

The Complete Cost Per Pilgrim is \$300.

The Target Cost Per Pilgrim is \$150.

The Limited Income Fee Requested is \$50.

We ask you to review these suggested amounts, consider prayerfully how much you are able and led to pay this year, to enter that number and to pay it. If you are not able to pay at all this year, you should enter zero dollars. If you are able to pay for another, we would welcome your generosity.

My registration payment: \$ _____

I grant my permission to contact my pastor to discuss matching funds from my worship community. Initials _____

Pilgrimage and Formation Events Schedule (all dates subject to change)

Event	Date	Begin	End	Location
Registration Deadline	August 1st			
Formation Retreat	August 24th	9:00 am	12:00 pm	To Be Determined
Pilgrimage Kickoff	September 12 th	3:00 pm	6:00 pm	Ghost Ranch
Concluding Service	September 15th	2:00 pm	3:00 pm	Santuario de Chimayo
Post Pilgrimage Meeting	October 12 th	10:00 am	12:00 pm	Video Conference

Payment

Please include a non-refundable check for your registration payment made payable to "New Mexico Pilgrimage for Unity LLC" and submit to: Michael Pitchford, 6928 Della Ct., SW Albuquerque NM 87105

