



First Annual

New Mexico Pilgrimage for Unity

September 14th, 15th, 16th, and 17th, 2017

Ghost Ranch to Chimayo, NM

Theme: "That All May Be One" - *John 17:21*

APPLICATION DEADLINE JULY 31, 2017

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 2017, I will be at least 18 years of age.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) I can participate in a 4 hour information meeting in July.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) I can participate in an 8 hour formation retreat in August.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) I agree to complete at least one 20 mile practice walk prior to the pilgrimage.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) I can participate in a 4 hour post-pilgrimage session in October.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) I agree not to possess weapons or use illegal drugs or alcohol.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) I agree to conduct myself in a Christian manner at all times before, during and after the pilgrimage.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) I understand that I might be asked to leave the pilgrimage if I do not conduct myself in a Christian manner or cannot handle the physical rigor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Medical and Emergency Contact Information

1) Please provide your Medical Insurance Provider: _____ Policy Number: _____
 2) Medical Insurance Policy 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 Old Abiquiu Bed and Breakfast, 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

Understanding of Ecumenism

In a few sentences below, please describe your understanding of ecumenism and why it is important to you. What are you hoping to gain from this pilgrimage experience?

Tentative Pilgrimage and Formation Events Schedule*

Event	Date	Begin	End	Location
Orientation Meeting	July 22nd	8:00 am	12:00 pm	TBD
Formation Retreat	August 26th	8:00 am	5:00 pm	TBD
Pilgrimage Kickoff	September 14 th	4:00 pm	9:00 pm	Ghost Ranch
Concluding Service	September 17th	2:00 pm	3:00 pm	Chimayo
Post Pilgrimage Meeting	October 21st	10:00 am	12:00 pm	TBD

Payment

Please include a non-refundable check for \$50.00 made payable to "Pilgrimage for Unity" and submit to:
Michael Pitchford, 6928 Della Ct., SW Albuquerque NM 87105