

**pil-grim-age**  
\'pil-grə-mij\

- 1) a journey of a pilgrim: especially to a shrine or sacred place
- 2) the course of life on earth



November 14-15, Crown Coliseum in Fayetteville, NC

### **What is Pilgrimage?**

A BIG event (hundreds of North Carolina youth) geared towards helping us understand ways to share our faith. We'll stay at the nearby Red Roof Inn, and attend sessions at Crown Coliseum. Saturday afternoon, we'll have opportunity to get more adventurous rappelling at Camp Rockridge.

Cost is \$44 per person  
(scholarships available)

*Money and registrations due by  
October 28.*

Questions: Contact Ryan—252-752-6154

### **Schedule**

11/14 \_\_\_\_\_  
6:45am—Meet at St James for Breakfast and head to Fayetteville  
10am: Session  
12:15: Off to Camp Rockfish for Rappelling  
6pm: Dinner  
7:45: Session three: Nathan Tasker Concert  
10pm: Bed down at Red Roof

11/15 \_\_\_\_\_  
8:30am: Breakfast  
9:30: Session four  
11:30: Sending Out  
3pm: Back in Greenville

# Medical Release and Liability Form (print neatly)

Name of Church St. James United Methodist Church, Greenville North Carolina

Full Name of Participant \_\_\_\_\_

Name of Legal Guardian(s) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Age of Youth \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade(2009-10) \_\_\_\_\_ Shirt Size \_\_\_\_\_

Swimming Ability Check  Excellent  Good  Fair  Poor \_\_\_\_\_ Allergies and/or special needs are on back.

Student's Email \_\_\_\_\_ Parent's Email \_\_\_\_\_

Phone Contacts Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Youth Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

Health Insurance Insurance Carrier: \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Policy # \_\_\_\_\_

**Functions and Activities:** I understand that participating in programs, recreation and other activities of St. James United Methodist Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury, due to transportation-related accidents. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability:** By signing this Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**First Aid and Emergency Medical Treatment:** I recognize that there may be occasions where the child named above or I if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. Every attempt will be made to reach parents and/or emergency contacts if the need arises. If the efforts made are in vain, I give permission for the adults in charge of the St. James UMYF to sign on my behalf any papers, forms, etc. required for admitting and treating my child in case of an emergency. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

**For use if the Participant is a Minor:** I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this church. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate. I realize that if my child breaks the covenant, he or she is subject to be sent home at my expense.

**Covenant of Conduct:** Along with the leaders and other youth, I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I agree to participate in these activities of the church; to cooperate participation in church activities depends on my support of this agreement. By signing this covenant, I understand that action will be taken and I am subject to be sent home if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons, disrespect for authority, or any other activity that adult leaders deem as inappropriate. I covenant to strive to make each activity/trip/retreat the best it can be!

Parent's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Pitt County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and the capacity indicated:

Printed or typed name \_\_\_\_\_

Printed or typed name \_\_\_\_\_

Date Official Signature of Notary \_\_\_\_\_

Printed or typed name, Notary Public \_\_\_\_\_

(Official Seal)

My commission expires: \_\_\_\_\_