Fox Valley Walk to Emmaus wisconsin, usa



ATTENDEE HEALTH HISTORY FORM

Send this original, completed, signed form to Registrar, or attach to Pilgrim Application. *Red Asterisks* notate mandatory information.

* Name: First	Middle	Last	
* Birthdate:		Lust	
(Month/Day/Year)			
urther authorize Fox Valley Walk to Emmaus (FVWTE formation posted.) to use photos, videos or other likeness o	of the above named for FVWTE publicity with no identifying	
* <u>Allergies:</u>	* <u>Diet, Nu</u>	* <u>Diet, Nutrition:</u>	
□No known allergies.	□ l eat a r	🗆 I eat a regular diet. 🗆 I eat a regular vegetarian diet	
□Iamallergic to:	□ I am lao	\Box I am lactose intolerant. \Box I am gluten intolerant.	
□ Other	□ Other,	\Box Other, please explain in space below.	
(Please describe below what you are allergic to and t	he reaction seen.)		
ealth-Care Providers:			
ame of primary Doctor(s):		Phone: ()	
Emergency contact to be contacted in cas	e of Illness or injury:		
ame:		Relationship:	
referred Phones: ()	()	
ome Address:			
Street		City ST Zip	
a case of emergency is there any addition	al information we need to kn	ow? (EX. Recent surgeries)	
In case of emergency my driver's license	. Insurance card, Medicare/N	1edicaid card and medications are located:	
* Able and willing to sleep in an up	pper bunk. YES		

** Medication: I will keep my medications:

in my assigned cabin/room: _

Held by FVWTE ALD: _

*Liability Disclaimer: I, the undersigned, fully recognizing the dangers and hazards inherent in the Walk to Emmaus, and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in the course of my participation in the Walk to Emmaus, do hereby voluntarily: Agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, Fox Valley Walk to Emmaus, its trustees, officers, employees, agents, insurers, successors, assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my participation in the above Walk to Emmaus. I have read this release, I understand it fully, I understand that it is legally binding, and I understand that, among other things, I am agreeing to indemnify Fox Valley Walk to Emmaus, for injuries, damages, or losses I may cause and giving up rights to sue Fox Valley Walk to Emmaus for injuries or losses I may incur.

Signature

Date