

Registration Form

Enclosed is my payment of \$65 made out to "For His Glory Tours." **Payment is due no later than 14 days prior to departure (July 28th).** Registration form & payment can be dropped off in the parish office. *Cash or Check accepted.*

Checks payable to:



For His Glory Tours
17601 Granite Drive
Marengo, IL 60152
847) 912 - 6019

Chaplain: Fr. Sylvester Nnaso
Name of Trip: Our Lady of Good Help
Date of Trip: August 12, 2017

Participant Information:

Name: _____ Date of Birth: _____ / _____ / _____
Mon Day Year

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Email: _____

Medical Information

Emergency Contact: (not traveling with you)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Email: _____

Medical Information:

Medical conditions & history to be aware of: _____

List any known allergies: _____

I am on the following medications: _____



For His Glory Tours
17601 Granite Drive
Marengo, IL 60152

Group/Student Travel Waiver of Liability and Hold Harmless Agreement

Tel: 847) 912-6019 Fax: 630)513-3008

1. In consideration for receiving permission of For His Glory Tours, to participate in the August 12, 2017 Pilgrimage to Our Lady of Good Help Shrine, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE For His Glory Tours, the Parish Church, the Diocese of Rockford, or their employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or where the activity is being conducted.
2. I am fully aware of the risks involved and hazards connected to this activity, including but not limited to travel risks. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES.
5. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Personal Health Disclaimer:

6. I certify that I am in good physical health and am physically able to participate in the described activities of this tour. I understand and acknowledge that serious accidents sometimes occur during activities such as this, and that some medical conditions may be exacerbated or aggravated, and that participants occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof, and that my participation could result in loss of or damage to my property, serious injury to my body or to others, and/or my death.

Insurance Disclaimer:

7. I have been advised to obtain personal medical & travel insurance coverage. Furthermore, I agree to use my personal insurance as a primary medical coverage if an accident or injury occurs.

Required Signatures

I have read this Release, and understand the terms used in it and their legal significance. This Release is freely and voluntarily given with the understanding that rights to legal recourse against For His Glory Tours, my parish church, the Diocese of Rockford, and all other auxiliary organizations of For His Glory Tours are knowingly given up in return for allowing my participation in the travel activity described above.

Participant's Name (Please Print)

Participant's Signature

Date

If participant is under the age of 18, Parent/Guardian consents to the minor's participation in the event, consents for For His Glory Tours to seek reasonable and necessary medical treatment for Participant during such event or associated activities, and agrees to be responsible for any cost of such treatment.

Parent/Guardian Name (Please Print)

Parent/Guardian's Signature

Date