

# Poland, Czech Republic, Germany Pilgrimage June 2021

## Reason for Intent

I, \_\_\_\_\_, would like to participate in the Holy Spirit Parish Pilgrimage to Poland, Czech Republic and Germany. These are the reasons that I would like to participate:

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## Deposit and Costs:

The estimated cost of the trip is 3k – 4k. Items included in the cost are: air and land travel, **travelers insurance, tips for bus driver/guide,** lodging, and most meals. **NOT INCLUDED** – travel costs on free days, additional tours on free days, tips for drivers/guides on free days, food not included with land package, spending money. In order to reserve a spot, a **\$100 NON-REFUNDABLE** deposit **MUST** accompany this form. Participation in a fundraiser to be held in September/October 2020 is required. **Fundraiser will help replenish the Youth Scholarship/Mission Trip fund and provide scholarships as needed by pilgrims on trips.**

## Statement of Intent to Participate

I, \_\_\_\_\_ *(full legal name)*, intend to participate in the Holy Spirit Parish Pilgrimage to Poland, the Czech Republic and Germany. I understand that in making the arrangements for my participation there may be advance payments made on my behalf for travel, lodging and other expenses associated with the trip, therefore, refunds will not be given.

## Statement of Release

Upon participation, I, \_\_\_\_\_ *(participant or parent of participant if under 18 years of age)* do hereby release and agree to hold the Parish of Holy Spirit and the Diocese of Sioux Falls, SD and all associated parties harmless from any and all liability arising from any personal injury or sickness whatsoever may occur while attending the Parish Pilgrimage to Poland, the Czech Republic and

Germany. Furthermore, as a participant I agree to assume all risk in the participation of all recreation and work activities involved during the trip.

Upon participation, I, \_\_\_\_\_ *(participant or parent of participant if under 18 years of age)* grant permission for full participation in the above activities and all of its undertakings. I hereby give permission to take said participant to the doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I assume all responsibility and transportation costs.

**Participant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parish:** \_\_\_\_\_

**Guardian Signature** *(for participants under 18 years of age)* \_\_\_\_\_