Walking Pilgrimage Registration Packet
St. Joseph Roman Catholic Church to St. Francis Catholic Church

Pilgrimage Theme: *From Labor to Mission: Walking with St. Joseph and St. Francis*
Dates: October 9th to 10th
Hosted By: St. Joseph the Worker Parish

Welcome Letter

Dear Pilgrim,

Thank you for your interest in participating in our walking pilgrimage from Williams to Seligman. This journey is more than a hike—it is an opportunity to encounter Christ through prayer, sacrifice, fellowship, and the beauty of creation.

As pilgrims, we walk together in faith under the patronage of St. Joseph the Worker and St. Francis of Assisi. Throughout the journey we will pray, celebrate the sacraments, support one another, and offer our intentions to the Lord.

Please carefully review all materials in this packet. Participation requires completion of all forms and adherence to all safety guidelines.

We look forward to walking with you.

In Christ,

Pilgrimage Coordinator: Christina Nagle

Pilgrimage Overview

Route

- Starting Point: St. Joseph Roman Catholic Church, Williams, AZ
- Mid-Point: St. Anne, Ash Fork, AZ (overnight spot)
- Ending Point: St. Francis Catholic Church, Seligman, AZ
- Estimated Distance: 42–45 miles

General Expectations

All participants are expected to:

- Follow instructions from pilgrimage leaders and safety personnel
- Stay with assigned groups
- Participate respectfully in prayer and liturgies
- Wear reflective gear when required
- Maintain Christian conduct throughout the pilgrimage
- Refrain from alcohol, drugs, or inappropriate behavior
- Notify leaders immediately of illness or injury

Registration Form

Participant Information

Full Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Parish: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Participant: _____

Medical Information

Please list any medical conditions, allergies, or injuries:

Medications participant is carrying:

Dietary Restrictions:

Physician Name (optional): _____

Physician Phone (optional): _____

Insurance Provider: _____

Policy Number: _____

Walking Ability Level

Please check one:
☐ Full Route Pilgrim
☐ Moderate Distance Walker
☐ Half-Day Participant
☐ Support Team Volunteer

Parent/Guardian Consent (For Minors)

Participant Name: _____
Parent/Guardian Name: _____
I give permission for my child to participate in the walking pilgrimage from Williams to Seligman and authorize pilgrimage staff to obtain medical treatment if necessary.

Parent/Guardian Signature:

Date: _____

Liability Waiver and Release Form

I understand that participation in this walking pilgrimage involves physical activity and inherent risks including, but not limited to:

- falls
- dehydration
- heat exhaustion
- vehicle traffic
- wildlife
- weather conditions
- physical injury

I voluntarily assume all risks associated with participation.

I certify that:

- I am physically capable of participating
- I will follow all safety instructions

- I understand pilgrimage leaders may remove participants for unsafe behavior

I hereby release and hold harmless:

- the hosting parish
- clergy
- volunteers
- organizers
- affiliated diocesan entities

from liability for injuries, damages, or losses arising from participation, except in cases of gross negligence.

I authorize emergency medical treatment if necessary.

Participant Signature: _____

Date: _____

Media Release Form

I grant permission for photographs and video taken during the pilgrimage to be used for:

- parish communications
- diocesan publications
- social media
- promotional materials

☐ YES
☐ NO

Participant Signature: _____

Date: _____

Code of Conduct Agreement

As a pilgrim, I agree to:

- show Christian charity and respect
- support fellow pilgrims
- follow all leader instructions
- avoid inappropriate language or behavior
- maintain a prayerful spirit

Participant Signature: _____

Date: _____