GREAT LAKES PILGRIMAGE
SPIRITUAL RENEWAL WEEKEND
#60 October 10-12, 2025

Please Complete Both Sides of Form

Echo Grove Camp and Retreat Center
1101 Camp Road, Leonard, MI 48367

PLEASE PRINT LEGIBLY

Name_____ Preferred Name on Badge/Nickname _____

Mailing Address_____ City_____ State_____ Zip_____

Phone ☐cell ☐home _____ Email _____

Church Name_____Denomination_____Yr of Birth_____

Do you have any special medical needs? Yes ☐ No ☐ If yes, please explain. _____

_____ Medical Allergies?_____

We cannot accommodate food preferences-Food Allergies **ONLY**. Please check all that apply Soy ☐ Dairy ☐ Gluten ☐

Wheat ☐ Egg ☐ Shellfish ☐ Other ☐_____

Every effort is made to accommodate your sleeping situations. You will be sharing a room. In order to make room assignments, please be painfully honest and answer these questions. Do you snore? Yes ☐ No ☐ If yes, is your snoring heavy/loud? ☐ Can you share a room with a snorer? Yes ☐ No ☐

Other sleeping habits we need to be aware of? _____

Emergency Contacts (do not list spouse/partner if they are also attending)

Primary: Name _____ Relationship_____

Address_____City_____ State _____

Phone _____ cell ☐ home ☐ Email_____

Alternate: Name _____ Relationship_____

Address_____ City_____ State _____

Phone _____ cell ☐ home ☐ Email_____

Weekend Sponsor (*if applicable*) Name_____

Registration fee $160 is due 30 days before the weekend. The fee includes 2 night's lodging, all meals, and weekend materials. **No refunds if cancelation is made after September 25th.**

Financial Assistance- ***Please prayerfully consider what you are able to pay toward the cost of your weekend-no amount is too small.*** Through the generous support of the Detroit 4th Day Community, we will pay the rest.
☐ I am able to pay $_____ toward the cost of the weekend and will need support.

_____ _____
Guest Signature Date

Checks should be made payable to *Michigan Presbyterian Pilgrimage*. Please return this registration form, with your fee, to:

Lisa Rood
21251 Danbury
Clinton Twp, MI 48035
(586) 791-4329
lisa.rood@yahoo.com

Alcoholic beverages are not permitted anywhere on the grounds of Echo Grove Camp and Retreat Center

The Salvation Army Echo Grove Camp & Retreat Center
Waiver/Release of Liability Agreement

I, the undersigned, understand that there are risks and dangers inherent in participating at The Salvation Army Echo Grove Camp & Retreat Center (the "Camp"). I understand that I/my minor child may take part in activities which may include: transportation, swimming, canoeing, kayaking, paddle boats, fishing, pontoons, slip n' slide, rafting, high and low ropes course, climbing wall, zip line, hayride, high intensity activities, archery and other shooting sports, field trips, indoor & outdoor games, bicycling, and other activities consistent with the purposes of the Camp (each, an "Activity"). I also understand that use of the facilities and equipment at The Salvation Army Echo Grove Camp & Retreat Center (the "Camp") may involve risk of bodily injury, property damage, or exposure to contagion (including COVID-19), and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at The Salvation Army Echo Grove Camp & Retreat Center (the "Camp"). I also understand and agree that by signing this agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury, property damage, illness, or any other loss that I might suffer while using The Salvation Army Echo Grove Camp & Retreat Center (the "Camp") facilities and services, except as limited by law.

In consideration of being permitted to participate in the Camp, I hereby voluntarily release The Salvation Army from any and all liability resulting from or arising in any manner whatsoever out of my/my minor child's participation in any Activity.

- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me/my child while participating in any Activity, including but not limited to health care expenses.

- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify, hold harmless and defend The Salvation Army, its officers, agents, employees, and volunteers from any and all liability or costs, including attorney's fees, associated with or arising from my/my child's participation in any Activity and arising from any cause, including vehicles, except for matters caused by the willful misconduct or gross negligence of The Salvation Army or its officers, agents, employees, and volunteers while acting within the scope of duties of such relationship to The Salvation Army.

- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian ad litem for said children.

- I understand and agree that if I am signing this waiver/release on behalf of my minor child, I will be giving up the same rights for said minor as I would be giving up if I had signed this document on my own behalf.

- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. In signing below I acknowledge that I have read and understand the words and language in this waiver/release agreement. I understand there are potential dangers incidental to participating in any Activity and going to/from any Activity. I execute it voluntarily and with full knowledge of its meaning and significance. In accordance with Federal law, I understand that my consent is valid for up to one (1) year from the date of signature. My consent can be revoked at any time upon The Salvation Army's receipt of my written revocation.

_____
Printed Name of Participant

_____
Printed Name of Parent/Guardian **OR** Adult Participant

_____
Signature of Parent/Guardian **OR** Adult Participant

_____
Date

Rev (6/20)