



**GREAT LAKES PILGRIMAGE  
TEAM APPLICATION  
Echo Grove Camp and Retreat Center  
#58 October 11-13, 2024**

**Please complete  
both sides of form**

Name \_\_\_\_\_ First Pilgrimage Attended \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ cell  home  Email \_\_\_\_\_

Church Name/Denomination \_\_\_\_\_

Dietary Needs: Medical Diet  **explain** \_\_\_\_\_ Vegetarian   
Gluten – Lactose – low Sodium – low Fat – Diabetic – Food Allergies

Allergies? \_\_\_\_\_

**Please be painfully honest for the sake of other guests** Do you snore? Yes  No  If yes, is your snoring heavy/loud?

Can you sleep in the same room with a snorer? Yes  No

Other sleep habits we need to be aware of? \_\_\_\_\_

Do you have medical/emergency experience? \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ cell  home  Email \_\_\_\_\_

**Full fee \$135\*** (includes 2 nights lodging, all meals, and pilgrimage materials)- **due 30 days before the start of the weekend.**  
If you would like to pay via VENMO, please use the QR code below.

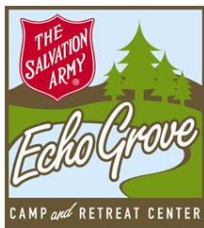
**\*Financial Assistance-** Please prayerfully consider what you are able to pay toward the cost of your weekend-no amount is too small.

I am able to pay \$ \_\_\_\_\_ toward the cost of the weekend and will need \$ \_\_\_\_\_ support.

**Checks should be made payable to Michigan Presbyterian Pilgrimage.** Please send this application together with your fee to:

**Treasurer**  
**21251 Danbury**  
**Clinton Twp, MI 48035**  
(586) 791-4329  
[lisa.rood@yahoo.com](mailto:lisa.rood@yahoo.com)





## 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)