

**THIS FORM IS MANDATORY TO ATTEND THE PILGRIMAGE. PLEASE RETURN THIS FORM COMPLETED AND SIGNED TO ST. MARGARET MARY PARISH OFFICE OR EMAIL A SCANNED COPY TO [sczech@saintmargaretmary.org](mailto:sczech@saintmargaretmary.org)**

# Walk to Mary

(Champion, Wisconsin)



**Saturday, May 2, 2026**

## **Liability Release Form**

**Participant's Name**  
**(PLEASE PRINT):** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Hold Harmless:** By participating in the Walk to Mary (the "Walk"), I agree to release and forever hold harmless St. Margaret Mary Church, Algonquin, Illinois, and the Diocese of Rockford, Rockford, Illinois, and any parish, school, or diocesan entity involved in planning, transportation, registration, or supervision of this activity, but is not limited to, bus transportation, and each of the foregoing's officers, directors, employees, agents, affiliates, volunteers, and assigns, from any and all liability, both arising out of law or equity, including any and all losses, demands, damages, claims, actions, cause of actions, costs, and expenses, including, but not limited to, attorney fees, related to or resulting from injury to any person or damage to property arising out of any activity associated with my participation

in the Walk, including travel to and from the event, participation in any pre-Walk or post-Walk gatherings, and any incidental activities connected to this pilgrimage.

**Assumption of Risk:** I understand that the Walk involves physical exertion, outdoor conditions, uneven terrain, weather exposure, and travel by bus or other vehicles. I voluntarily assume all risks of injury, illness, or property damage arising from my participation, including risks that may result from the negligence of the released parties, except for willful and wanton conduct as defined under Illinois law.

**Healthcare Authorization:** As a participant in the Walk, I understand I may become ill or injured and medical treatment may be necessary, I hereby give my prior consent to the medical staff and/or volunteers to evaluate, treat injuries/illnesses, and activate emergency care, when deemed necessary by them, and authorize the sharing of necessary medical information with emergency responders. I agree to be financially responsible for all medical care rendered.

**Transportation Acknowledgment:** I understand that transportation is provided as a courtesy and is not common-carrier transportation. I agree that the released parties assume no responsibility for delays, accidents, or injuries occurring during transportation, except for willful and wanton conduct.

**Photo/Media Release:** I grant permission for St. Margaret Mary Church and the Diocese of Rockford to use photographs or video of me taken during the Walk for parish or diocesan communications, without compensation. I may revoke this consent in writing at any time, but such revocation will not affect prior uses.

**Parent/Guardian Consent:** If the participant is under 18, I am the parent or legal guardian and I grant permission for my child to participate. I agree to all terms of this release on behalf of my child and affirm that my child is physically able to participate in this pilgrimage.

**Dated:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name of Participating Minors:**  
**(PLEASE PRINT)**

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