



# Walk to Emmaus Application

All pages must be filled out and turned in to your sponsor

\_\_\_ Men's \_\_\_ Women's (Please indicate date if applying for a specific walk): \_\_\_\_\_

- Applications will be processed on a first come, first serve basis, according to postmark date.
- Incomplete applications are not accepted and will be returned to the sponsor.
- A **non-refundable** application fee \$40 must accompany your application.
- Total cost of the weekend is \$150; application fee will be deducted from total cost.
- Balance to be paid upon receipt of confirmation.
- Please make checks payable to: Dayspring Emmaus Community

## (PLEASE PRINT)

NAME: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Name Preference: (First): \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

(All correspondence will be sent to this address)



## Walk to Emmaus Application

*The Emmaus weekend is 3 days of singing, learning, laughing, worshiping, reflecting, praying, and participating in small groups (and yes, sometimes crying as well.) You will hear a series of 15 talks given by laity and clergy, which present the theme of God's grace, how that grace comes alive in the Christian community and how it is expressed in the world. You will also discover how grace is real in your life, how you live a life of grace and how you bring that grace to others.*

*You will have the opportunity to participate in daily chapel and prayer times, and the celebration of Holy Communion. You will experience God's grace through the many, many prayers and acts of anonymous service offered by the Emmaus community. You will leave with an experience of Christian love in action that will equip you for new levels of grace-filled service and leadership.*

*This Three-day weekend is experienced in a cloistered environment, with minimal/no contact with the "outside world." Your sponsor has committed to being responsible for your family during this weekend. This is so that you can be free of worry and focus on your relationship with God. At no time will anything be forced on you; however, we ask for your willing participation in all parts of the weekend. This is a carefully designed format, and every part of the weekend builds upon what has happened to that point; we ask that you trust us and be open to what God is going to show you.*

*While there is nothing in Emmaus that is a secret, there are many aspects of the weekend that can be experienced more fully if you are not anticipating what is coming. That said, your sponsor should have fully explained the weekend to you and answered any and all questions you may have.*

- Has your sponsor explained the Walk to Emmaus weekend to you, addressed any questions or concerns you may have and are you comfortable with what has been explained to you?  Yes  No
- Has your sponsor explained that they will be watching over your family while you are away, and that they WILL be able to contact you in the unlikely event of an emergency  Yes  No
- Do you have any special dietetic requirements (diabetic, food allergies, vegetarian, etc.?)  Yes  No

If yes, please explain: \_\_\_\_\_

- Are you willing to sleep on the top bunk?  Yes  No
- Do you have any legal obligations that will limit engagement on the walk (EPO, restraining order, outstanding warrant, etc.)  Yes  No
- Do you have any physical limitations or health problems requiring accommodation?  Yes  No

If yes, please explain: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPONSOR INFORMATION – PLEASE FILL OUT COMPLETELY**  
**INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE SPONSOR**

*~ Completed applications will be processed on a first come, first serve basis, according to postmark date ~*

Sponsor's Name: \_\_\_\_\_

Relationship to Pilgrim: \_\_\_\_\_ Financial Assistance Needed? \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

Sponsor's City/State/ZIP: \_\_\_\_\_

Sponsor's Home Phone: \_\_\_\_\_ Sponsor's Cell: \_\_\_\_\_ Sponsor's Work: \_\_\_\_\_

Sponsor's Email: \_\_\_\_\_

About YOUR Walk: When: \_\_\_\_\_ Where: \_\_\_\_\_

Name of Pilgrim: \_\_\_\_\_

Why are you sponsoring this person? \_\_\_\_\_

Have you explained the Walk to Emmaus & addressed any questions/concerns that they have?  Yes  No

Have YOU PERSONALLY invited their spouse to attend?  Not Married  Yes  No

Is spouse attending? If not, please explain why: \_\_\_\_\_

**PLEASE REVIEW & ANSWER THE FOLLOWING:**

I have attended the DaySpring Emmaus Sponsorship Training class

Yes     No

Date or Place: \_\_\_\_\_

I understand the purpose of Emmaus is for people who are active in their church and to build leaders

Yes     No

I understand it is very important that, if married, BOTH husband and wife attend on consecutive weekends

Yes     No

I understand the Walk to Emmaus is designed to provide the attendees with a deeper understanding of what it means to be a disciple of Jesus Christ.

Yes     No

I acknowledge the Walk to Emmaus is not meant to help people solve deep-seated problems

Yes     No

I understand that the intention is neither to convert nor place a pilgrim in a defensive position

Yes     No

I will be in prayer for the entire team and all the pilgrims from this point forward

Yes     No

**Please send all (6) pages, fully completed, with check for the application fee to:  
Dayspring Emmaus Community, 1548 Hwy 62 NW, Corydon, IN 47112**

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SPONSOR'S COVENANT

I wish to sponsor \_\_\_\_\_, as a pilgrim on the DaySpring Walk to Emmaus. As a sponsor, I hereby agree to enter into a covenant relationship with the DaySpring Emmaus Community.

1. As part of this covenant, I hereby believe the following to be true about this pilgrim:
  - a. **This pilgrim is a member of a church and an active Christian** whose own renewal will mean renewed energy, commitment, and vision in the church and everyday environments for Christ.
  - b. This pilgrim is committed to living a life that is pleasing to God and wants to grow and increase his or her knowledge and understanding of God and God's will.
  - c. This pilgrim's theology and/or practices are compatible with the traditional theology and practices represented by the Walk to Emmaus.
  - d. This pilgrim is physically able and **is not involved or has not recently been involved in any situation of emotional distress** which could interfere with the pilgrim giving his or her full attention to the message and experience of the Walk to Emmaus.
  
2. As part of this covenant, I make the following assurances about myself as a sponsor:
  - a. My decision to sponsor this pilgrim comes from a concentrated time in prayer to discern who God wants me to sponsor.
  - b. I understand the ultimate reason for sponsoring someone to attend the Walk is to deepen that person's **existing** relationship with Christ and to create an enthusiastic disciple to work in God's kingdom. I understand that looking upon Emmaus as a hospital where every human ill can be cured will have a weakening effect upon the entire community.
  - c. My motivation in sponsoring this pilgrim is not: "to get all my friends to go," to "fix this pilgrim," to change this person, or to make a new Christian.
  - d. I have attended the Dayspring Emmaus Sponsorship Training class.
  
3. In fulfilling my duties as a sponsor, I pledge the following:
  - a. To not work the walk this pilgrim is attending, so I can be available to fulfill my duties as a sponsor. If I am asked to work a walk, I will decline, or find an alternate sponsor for the pilgrim.
  - b. To agree that I may only sponsor this (1) pilgrim on the walk, so that I can give 100% of my attention to this pilgrim's needs.
  - c. To attend all key events, including Send-off, Sponsor's Hour, Candlelight, Closing and Follow-up
  - d. To give my **personal** attention to the pilgrim's needs, including making sure the pilgrim is fed on Thursday night; transporting the pilgrim to and from the weekend; and making sure that they have all necessary personal items packed for the weekend.
  - e. To collect **at least** twelve (12) personal agape letters from spouse, family members, close friends and the pilgrim's pastor. While I am aware that many pilgrims know about agape letters beforehand, I will work quietly behind the scenes to obtain these letters, to maintain as much of a level of surprise as possible.
  - f. To fully support the pilgrim's family and/or meet other needs in the pilgrim's home and personal life, such as feeding pets or watering plants, during the 3 days.
  - g. To not bring the pilgrim's children, or my own children to the weekend events or follow-up.
  - h. To not give, or ask any team members to give, personal gifts to the pilgrim during the 3 days.
  - i. **To continue in prayer for this pilgrim and their family; before, during and after the weekend.**

*If I have any questions about the above points, I will contact a current member of the Emmaus Board. To these beliefs, assurances and pledges, I offer my covenant as sponsor.*

I have carefully read the sponsor's covenant and understand my obligations     Yes     No

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* PLEASE MAKE SURE THAT YOU BRING THIS PAGE COMPLETED WITH YOUR PILGRIM TO SEND OFF. PLEASE MAKE SURE THAT IT IS FILLED OUT AND ALL THAT IS LEFT IS SIGNING IT AT THE CAMP. \*\*

## Activity Participation Agreement

### Activity Information (To be completed by the activity sponsor)

Name of sponsoring organization: Dayspring Emmaus of Southern Indiana  
Address: 1548 Hwy 62 NW, Corydon, Indiana 47112 Telephone: (812) 550-9106  
Name of sponsor's coordinator: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Description of activity: Three Day Spiritual Retreat – Walk to Emmaus  
Date(s) and location of activity: \_\_\_\_\_ Silver Heights Camp – New Albany, IN 47150

### Participant Information (To be completed by participant or authorized guardian)

Name of participant: \_\_\_\_\_  
Name of parents/guardians: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of emergency contact: \_\_\_\_\_  
Telephone (daytime): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_  
List allergies or medical conditions: \_\_\_\_\_  
Is sponsor authorized to approve medical treatment?  Yes  No  
Is participant covered by personal/family medical insurance?  Yes  No  
If yes, name of insurer: \_\_\_\_\_  
Policy or group number: \_\_\_\_\_

### Participant Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Participant and/or parent/guardians if participant is a minor)