Application for the Ignatian Pilgrimage
May 24 – June 3, 2020
open to all full-time, returning faculty

An annual ten-day pilgrimage for faculty at Jesuit schools nationwide to visit important sites representative of the life of St. Ignatius of Loyola, founder of the Jesuits. The itinerary begins in Bilbao, Spain, and ends in Rome, Italy.

More information, including past participants and reflections, at the Ignatian Pilgrimage page.

Name:

Title:

Department:

Number of years at Loyola:

Reflection: Visit the Ignatian Pilgrimage page with information and reflections from past participants. How do you imagine the Ignatian Pilgrimage experience would benefit your development as a scholar-teacher? Or, how might the experience enhance your understanding of your own contributions to Loyola as a Jesuit educational institution? Please limit your statement to no more than 500 words.

Applications due October 21, 2019
Send to Academic Affairs at acadaffairs@loyola.edu
By signing this Assumption of Risk and Release (the “Release”), I represent, acknowledge and agree as follows:

1. I desire to and have voluntarily applied to participate in the College of the Holy Cross (the “College”) Ignatian Pilgrimage (collectively, including travel and transportation to and from locations and any other activity related thereto, the “Pilgrimage”). The College has provided me information about the Pilgrimage, both verbally and through written materials, and that I have read and understand such information.

2. I am responsible for the proper passport, visas, and other entry requirements of each destination and transit point. (Note: United States citizens do not require a visa.)

3. The cost of any changes or upgrades to travel arrangements, if available, are my responsibility. If I choose to make alternate flight arrangements, I am responsible for any additional costs incurred should delays, cancellations, or any other events prevent me from joining the group at scheduled transit points and scheduled times.

4. I have consulted a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in the Pilgrimage. I have adequate medical insurance coverage for overseas travel.

5. I am aware that foreign travel can involve the risk of injury or illness to myself or damage to my property, including, but not limited to:
   • Foreign political, legal, social, and economic conditions, including strikes, civil unrest, war, terrorism, and criminal activity;
   • Risks associated with travel to, from, and within one or more foreign countries, including air and bus accidents, delays, cancellations, dishonor of reservations, loss of or damage to baggage or other property, injury to person (including death), or other accidents;
   • Risks associated with walking and/or hiking at various historical and tour sites, including crowds, uneven or slippery ground or surfaces, obstacles, steep hills and cliffs, weather conditions, low ceilings, and other outdoor and indoor conditions;
   • Local medical conditions, including diseases not common in the United States, quarantine, public health conditions, foodborne illness, or limited availability of medical services; and
   • Other circumstances beyond the control of the College.

6. I voluntarily accept all risks, including but not limited to, personal injury, illness, death and property damage, resulting from my participation in the Pilgrimage. In consideration of being permitted to participate in the Pilgrimage, I, on behalf of my family, heirs, and personal representative(s), agree to assume all the risks and responsibilities of my participation, including transportation incident thereto, and any...
activities incident thereto, and I release, waive, discharge, hold harmless and covenant not to sue the College, its trustees, officers, employees, and agents (collectively, “Releasees”) with respect to any and all liability for any loss, harm, injury, damage, costs or expenses of any nature whatsoever, including but not limited to suffering and death, which I or my property may sustain, whether caused by the negligence or carelessness of the Releasees or otherwise relating to the Pilgrimage. I fully understand that by signing this form, I am giving up legal rights and remedies that I might have now or in the future. If signed by an employee of the College, this Release is enforceable to the extent permitted by the Commonwealth’s workers’ compensation law.

7. Any dispute, controversy or claim arising out of or relating to my participation in the Pilgrimage or arising out of this Release, shall be settled by binding arbitration in the City of Worcester, Massachusetts in accordance with the rules then prevailing of the American Arbitration Association. Such arbitration shall be determined by a single arbitrator, and judgment upon the award rendered by the arbitrator may be entered in any court of competent jurisdiction.

8. This Release shall be interpreted under and governed by the laws of the Commonwealth of Massachusetts without regard to its choice of law rules. In case any provision of the Release shall be invalid, illegal, or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

9. I understand that this Release is for the benefit of the College and its agents, employees and related entities only. Third parties, such as common carriers, hotels, or travel agencies, are not released from liability for their acts.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

________________________________ __________________________
Printed Name (as appears on Passport) Date ________________

________________________________
Signature