



**CRISPAZ** Christians for Peace in El Salvador  
*Cristianos por la Paz en El Salvador*

# El Salvador Encounter

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 CRISPAZ El Salvador • Colonia Layco, 25 Calle Poniente, No. 1241 • tel.: 011 (503) 2256-1275 • [crispazinformation@gmail.com](mailto:crispazinformation@gmail.com)

## Application Form

CRISPAZ welcomes you to apply to participate in an El Salvador Encounter (ESE). El Salvador Encounter is the educational seminar and pilgrimage program of CRISPAZ. Please visit our website at [www.crispaz.org](http://www.crispaz.org) to read our Participant's Manual for detailed information on the program and our expectations regarding your participation. Because we view this education experience as part of a process involving reflection and action, we see your application as a commitment to begin this process now and continue it upon your return. Thank you for your interest and commitment to building solidarity with the people of El Salvador.

Name on passport:

Passport number:

Name you like to be called:

Group name and dates for which you are applying:

Today's date:

Signed:

Sex:  Female  Male      Age:       Occupation:

Current address:

Permanent address:

Cell phone:       Home phone:       Email:

In case of an emergency, please notify:

Relationship to you:       Phone:

Spanish ability (none required):  Fluent  Good  Fair  Minimal  None

General health:  Excellent  Good  Fair      Do you have a medical condition?

Please list any medications you are taking:

Name:

Proposed trip dates:

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Do you have any specific dietary needs (i.e. food allergies, vegetarian, vegan, etc.?)

Your trip may involve an overnight stay in the countryside with very basic living conditions (i.e. sleeping on a hard bed, outdoor toilets, no running water), or may require a long walk into a village without road access. Do you feel that this will present any problems for you? If so, please explain:

Generally rooming is divided between men and women. When possible, CRISPAZ will make arrangements for family members to stay together. Are you traveling with a spouse or other family member?

Name of family member:

Relationship to you:

Will you be arriving early or staying after the ESE dates? If so, please list the dates, times, flight or bus information and mode of transportation to/from the airport or terminal:

Do you have any other needs or specific concerns about which we should be informed?

Have you ever lived in or visited Latin America? If so, please briefly describe your experience, including the countries and dates:

How did you begin to have interest in the Salvadoran situation?

How did you learn about the opportunity to participate in this Encounter?

Why do you wish to participate in the El Salvador Encounter? What do you hope to experience and learn?

Name:

Proposed trip dates:

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What do you understand to be the purpose of your group's participation in the El Salvador Encounter program?

What interests/skills/background do you bring which will enrich the experience for yourself and for the group?

The CRISPAZ staff in El Salvador will prepare your itinerary, both according to your interests and to the limitations of time, scheduling, and the availability of our contacts. There may or may not be time for you to do things outside of the group schedule. Since CRISPAZ is responsible for ESE participants in El Salvador, we must be apprised of any personal project you hope to carry out. If you have any projects or activities outside the ESE schedule, please briefly describe them here (we may need to call you to discuss how this will work):

Please list any social justice, church, community or other groups or organizations that you belong to or are active in:

Are you a member of a church, synagogue, committee, or other community of faith?

Name of congregation:

Denomination:

How do you plan to follow up on your experience in El Salvador? Do you need help organizing and setting up ways to communicate your experience upon your return to your home community?

*(Note: You may contact CRISPAZ for ideas on how to do this)*



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## Assumption of Risk Agreement and Release

I have voluntarily decided to join a CRISPAZ delegation in El Salvador from (starting date) \_\_\_\_\_ to and including (ending date) \_\_\_\_\_. I understand and acknowledge that CRISPAZ is an Ohio nonprofit corporation which, among other things, conducts and sponsors educational delegations in El Salvador. I further understand and acknowledge that the current circumstances in El Salvador, including violence, economic deprivation, social unrest, and natural disasters including but not limited to seismic activity (earthquakes) and tropical storms (hurricanes) present a greater than normal degree of risk to my safety and security while I am resident in that country. I further understand and acknowledge that such circumstances could result in physical injury to myself or even death. I knowingly and willingly assume the risks involved in my participation in the delegation and understand that I have the right, at all times, to refuse to participate in any part or program of such delegation and to completely cease my participation and request assistance in leaving El Salvador.

I acknowledge and agree that CRISPAZ shall not be liable for any damages arising from my participation in the delegation, including but not limited to my travel to and from El Salvador. I further fully and forever release, discharge and hold harmless CRISPAZ, its directors, officers, employees, advisors, agents and representatives from any and all claims, demands, damages, actions or causes of action, present or future, whether the same be known, anticipated or unanticipated, for any bodily or mental harm, injury, loss, illness or death resulting from or arising out of my participation in the delegation. This Assumption of Risk Agreement and Release shall bind the undersigned and his/her heirs, executors, personal representatives and assigns.

I have read and signed the foregoing Assumption of Risk Agreement and Release this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, and fully understand its substance and implications.

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Name*