



**Cultural Arts Tour to Cuba
March 3-11.2018**

Please send your registration form to:

World Pilgrim Global Education Inc.
9410 Waska Street, Langley, BC, V1M 4G3, Canada

Cost of tour:

\$1995 for shared accommodation, includes the GST.

Ask about the single accommodation surcharge.

\$500 deposit due when you submit this registration form.

Remainder of the trip fee due by January 10, 2018

Along with this form please send a \$500 deposit to hold your space on the tour. The deposit is fully refundable if the tour does not run. If you need to cancel out before Jan 10, 2018 the deposit is refundable minus a \$100 fee for administration. If you need to cancel out after Jan 10, 2018, then the deposit cannot be returned.

Make cheques payable to: World Pilgrim Inc. For send an e-transfer to worldpilgrims@gmail.com

Name: _____ Gender: M / F Age: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Home # _____ Cell # _____

email: _____

Passport Information:

Country of Citizenship: _____

Passport # _____

Date of issuance: _____

Expiration Date: _____

Birthplace: _____

Spanish Language Ability _____(none-beginner-conversational-fluent)

- What are your objectives/hopes for this experience?
- Do you have any experience with the Creative Arts? If so, what?
- Why do you want to explore the arts in Cuba?
- Anything else you would like is to know about you or your creative experiences?

MEDICAL INFORMATION:

The following information is confidential to the Cuba Cultural Tour staff. We ask you to assess your health in light of the demands of this type of travel experience. If there is an emergency with you and your health this information will help us assist you.

Bloodtype: _____

- Do you suffer from any of the following conditions?
 - ___ Epilepsy
 - ___ High blood pressure
 - ___ Diabetes
 - ___ Back problems or injuries
 - ___ cancer
 - ___ allergies (what kinds?)
 - ___ emphysema
 - ___ heart condition
 - ___ shortness of breath
 - ___ asthma (what kinds?)
 - ___ sleeping disturbance
- Others? Please list
- Do you have any issues with mobility that leaders should be aware of?
- Do you have any conditions that could affect you during international travel?
- Do you snore? Yes / No
- Do you smoke? Yes / No

3. I understand and I am aware that during the program in which I participate certain dangers and/or risks may arise. I expressly voluntarily assume all risk of injury, illness, death and property damage or loss that may result from participation in the World Pilgrim Cuba 2018 program.
4. I also agree to abide by all applicable rules and regulations of the World Pilgrim Cuba 2018 trip while participating in the program. I understand that noncompliance may result in expulsion from the program and forfeiture of program fees. I agree to abide by all applicable laws, rules, regulations, and instructions during the program. I may ask to leave the programme immediately at my own expense if I fail to abide by the programme standards. I further agree that the Cuba 2018 Staff may send me home at any time during the program if they determine that my continued participation in the program will adversely affect my health, safety or welfare or the health, safety and welfare or enjoyment of other Cuba 2018 programme participants or leaders.
5. I give permission for my name and email address to be added to the World Pilgrim email list that will only be used to send info on World Pilgrim events of the future, and will never be shared with anyone. I give permission for my photo to be taken during the trip and to potentially be used in World Pilgrim promotional material, never specifically naming me in the photo.

I have carefully read this agreement and release form and fully understand its contents. I sign it of my own free will.

Participant's signature

Date

Participant's name and date of birth (please print)

IMPORTANT! If the participant is a minor, parent or guardian MUST sign.

I am the participant's parent or legal guardian. I am signing this agreement and release form on my own behalf and on behalf of the participant her/his heirs and assigns.

I have carefully read this agreement and release form and fully understand its contents. I give permission for my son/daughter to participate in the Cuba 2018 programme. I sign it of my own free will.

Parent or legal guardian signature

Date

Parent or legal guardian's name (please print)