



## Journey to India 2017

Feb 26 – March 13 (in country)

Registration Form

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Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/Zip Code: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

email: \_\_\_\_\_

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### **Passport Information:**

Country of Citizenship: \_\_\_\_\_

Passport # \_\_\_\_\_

Date of issuance: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

- Have you previously been to this region? \_\_\_\_\_ If yes, please list the purpose & experience of your trip.
  
- Have you visited any other developing nations?
  
- What are your objectives/hopes for this experience?
  
- What fears do you have about this experience?
  
- Share with us, a little about yourself...job, hobbies, favorite things, family etc. (use back of the page if needed)

## MEDICAL INFORMATION:

The following information is confidential to the World Pilgrim, India 2017 staff. We ask you to assess your health in light of the demands of this type of traveling experience. This information will also be useful to us if you have a medical emergency during the trip.

Age: \_\_\_\_\_ Bloodtype: \_\_\_\_\_

- Do you suffer from any of the following conditions?

<input type="checkbox"/> Epilepsy	<input type="checkbox"/> emphysema
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> heart condition
<input type="checkbox"/> Diabetes	<input type="checkbox"/> shortness of breath
<input type="checkbox"/> Back problems or injuries	<input type="checkbox"/> asthma (what kinds?)
<input type="checkbox"/> cancer	<input type="checkbox"/> sleeping disturbance
<input type="checkbox"/> allergies (what kinds?)	

- Other concerns? Please list

- Do you snore? Yes / No
- Do you smoke? Yes / No
- Are you currently or have been under a doctor's care or a psychiatrist/psychologist during the past 6 months? Yes / No If Yes, how might condition(s) affect you during international travel? Have you any traumas or life changes in the past 12 months?
- Do you carry any prescription medication? If so, please specify names, doses, conditions which they treat, and possible side effects....
- Do you have any dietary restrictions, special diet, vegan or vegetarian? Please specify.
- Will you agree to carry valid travel medical insurance and send a copy to organizers?

### In case of illness or emergency, please notify:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/Zip Code: \_\_\_\_\_

email: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening: \_\_\_\_\_

## PERMISSION FORM FOR EMERGENCY MEDICAL TREATMENT

On rare occasions an emergency requiring hospital treatment may develop during a World Pilgrim program. In most cases, administration of an anesthetic, treatment or an injury, or operation on an individual cannot be done without consent of the patient. To avoid a potentially dangerous delay in an emergency and/or if you are unconscious or otherwise unable to give your consent, we request that you sign the following permission to ensure necessary medical treatment.

I hereby grant permission to the World Pilgrim India 2017 staff to authorize the administration of such antibiotics, immunizations, anesthesia, and other medications, and to hospitalize and provide such treatment for myself that they consider appropriate based on the advice they have received.

I hereby further waive and release any claim I may have against the World Pilgrim India 2017 Staff/Program, it's employees, sponsors, representatives in regard to these decisions in the administration of emergency medical treatment as described herein.

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Participant's Name

Date

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Parent/Guardian (if participant is under 19)

Date

## RELEASE OF LIABILITY AGREEMENT (Please read carefully before signing)

1. I, \_\_\_\_\_ have applied and intend to participate in the World Pilgrim India 2017 program.
2. I have voluntarily registered for this program outside of the Canada/United States.
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 India 2017 program. I will assume all costs for all medical treatments and emergencies that may occur while I am in India and travelling to and from. I will have travel medical insurance to cover these costs.
4. I also agree to abide by all applicable rules and regulations of the World Pilgrim India 2017 program 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. If I do not abide by them I may be asked to leave the program at my own expense. I further agree that the World Pilgrim India 2017 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 World Pilgrim India 2017 program participants or leaders.
5. I agree to participate in all aspects of the program, all whole group sessions and in the itinerary as has been laid out.

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

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Participants signature

Date

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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 sign it of my own free will.**

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Parent or legal guardian signature

Date

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Parent or legal guardian's name (please print)

**REGISTRATION DEADLINE IS NOVEMBER 15, 2016**

**Please send your registration form to:**

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

**Cost of tour in Canadian Funds:**

\$3775 Canadian for shared accommodation including GST.

\$4175 Canadian for single accommodation (except potentially the first four nights at Ben's Homestay) including GST.

Deposit of \$500 due by November 15, 2016

Remainder of fee due by January 15, 2017

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 cancel before November 15, 2016 the deposit is refundable minus a \$50 fee for administration.

If you need to cancel after November 15/2016, then the deposit cannot be returned, however we will approach each situation in consultation and with understanding.

**Make cheques payable to: World Pilgrim Global Education Inc.**

**You may also pay with Visa & Mastercard, however there is a 2.3 % charge on such transactions. Just call us with your number. 604.341.2724**