



**Guatemala: Land of the Mayan People  
April 5–16/2019**

**Please send your registration form to:**

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

Cost of tour: This cost is all-inclusive in country, does not include flights, passport fees, spending money etc.

**Early Bird Rate:** \$2100 USD for shared accommodation, register by Jan. 16/2019.

**Regular rate:** \$2350 USD, if registered after January 15/2019.

\$300 USD extra for single accommodation.

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

Remainder of the trip fee due by February 22/2019.

Along with this form please send a \$500 USD 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 six weeks before the start date of the trip the deposit is refundable minus a \$100 fee for administration, Feb. 22/2019. If you need to cancel out less than six weeks before the tour date, then the deposit cannot be returned. You are welcome to pay the full amount at anytime before Feb. 22/2019.

**Make US Dollar cheques or money orders payable to: World Pilgrim Inc.**

Name: \_\_\_\_\_ Gender: M / F / T Age: \_\_\_\_\_

Full name on Passport if different from above: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

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

**Passport Information:**

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

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

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

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

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

Date of Birth: \_\_\_\_\_

Spanish Language Ability \_\_\_\_\_(none-beginner-conversational-fluent)

- Share a little about why you want to participate in this travel pilgrimage to Guatemala, why Guatemala...why now?
- Have you previously been to latin america? \_\_\_\_\_ If yes, please list the purpose & experience of your trip.
- What are your objectives/hopes for this experience?
- What fears do you have about this experience?

### MEDICAL INFORMATION:

The following information is confidential to the Guatemala Awareness Pilgrimage staff. We ask you to assess your health in light of the demands of this type of travel experience.

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?)	

- Please share your medical issues currently and in the past that may affect you on this kind of travel and that would be helpful for us to know about in order to help you in an emergency situation? (Please list)
- Do you have any issues with mobility that leaders should be aware of?
- Do you carry any medication (other than for diarrhea or upset stomach)? If so, please specify names, doses, conditions which they treat, and possible side effects....
- Do you have any dietary restrictions, special diet, allergies or vegetarian? Please specify.
- Will you assume any and all possible medical costs incurred during the program?  
Yes / No
- Any other comments on your health that your leaders should know about?

- In case of illness or emergency, please notify:

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

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

### PERMISSION FORM FOR EMERGENCY MEDICAL TREATMENT

On rare occasions an emergency requiring medical or hospital treatment may develop during a Guatemala 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 if you are 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 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 Staff/Program, its employees, sponsors, and representatives in regard to these decisions in the administration of emergency medical treatment as described herein.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 a Guatemala 2019 program.
2. I have voluntarily registered for this program outside of Canada.
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 Guatemala 2019 program.

4. I also agree to abide by all applicable rules and regulations of the World Pilgrim Guatemala 2019 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 Guatemala 2019 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 of enjoyment of other Guatemala 2019 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.**

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Participant's 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 give permission for my son/daughter to participate in the Guatemala 2019 programme. 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)