



Cultural Arts Tour to Cuba
December 28, 2019 – January 7, 2020

Please send your registration form to:

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

Cost of tour:

\$2250 CAD 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 November 10, 2019

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 November 10, 2019 the deposit is refundable minus a \$100 fee for administration. If you need to cancel out after November 10, 2019, then the deposit cannot be returned.

To register send an e-transfer to worldpilgrims@gmail.com

Make cheques payable to: World Pilgrim Inc. Mail to 9410 Waska Street, Langley, BC, V1M4G3

Name: _____ Gender: M / F / T Age: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Home # _____ Cell # _____

email: _____

Passport Information:

Country of Citizenship: _____

Passport # _____

Date of issuance: _____

Expiration Date: _____

Birthplace: _____

Date of Birth: _____

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

- What are your objectives/hopes for this experience of exploring Cuba and the Arts there?
- Do you have any experience with the Creative Arts? If so, what?
- 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
- 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
- In case of illness or emergency, please notify:

Name: _____

email: _____

Phone: Day _____ Evening: _____

PERMISSION FORM FOR EMERGENCY MEDICAL TREATMENT

On rare occasions an emergency requiring medical or hospital treatment may develop during a Cuba 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 leaders 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 Leaders/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 the Cuba 2019-2020 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 Cuba 2019-2020 program.

4. I also agree to abide by all applicable rules and regulations of the World Pilgrim Cuba 2019-2020 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 2019-2020 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 2019-2020 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 2019-2020 programme. I sign it of my own free will.

Parent or legal guardian signature

Date

Parent or legal guardian's name (please print)