



*Sacred Bali 2020
Registration Form
Jan. 31- Feb. 12/2020*

Please send your registration form to:

World Pilgrim Education Inc.
9410 Waska Street
Langley, BC, V1M 4G3
Canada
Or scan and email to worldpilgrims@gmail.com

Cost of tour in Canadian Funds:

\$3585 for shared accommodation (2 people per room)
\$4250 for private accommodation
Deposit of \$500 due before December 1/2019. January 1/2020 is the registration deadline.
Remainder of fee due by January 1/2020.

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 December 1/2019 the deposit is refundable minus a \$100 fee for administration. If you need to cancel after December 1/2019, then the deposit cannot be returned, however we will approach each situation in consultation and with understanding.

Make cheques payable to: World Pilgrim Education Inc.
You may also send an e-transfer from your bank account to worldpilgrims@gmail.com

If you have any questions please contact Doris at 604.341.2724 or worldpilgrims@gmail.com

Please fill in this form.

Name: _____

Address: _____

City: _____ State/Province: _____

Zip Code/Postal Code _____

Home # _____ Cell # _____

email: _____

Passport Information:

Country of Citizenship: _____

Passport # _____

Date of issuance: _____

Expiration Date: _____

Birthplace: _____

Date of Birth: _____

Age: _____

Gender: M / F / T (please circle one)

What are your objectives/hopes for this travel experience?

Share with us, a little about yourself...job, hobbies, favorite things, family etc.
(use back of page if you wish)

Do you feel confident that you are in good physical condition to be able to handle the challenges of this journey? Any concerns you may have?

MEDICAL INFORMATION:

The following information is confidential to the World Pilgrim Staff. We ask you to assess your health in light of the demands of this type of traveling experience and so that in case of emergency we have information about you that we can share with medical staff if you are unable to do so.

Bloodtype: _____

Do you suffer from any of the following conditions?

Epilepsy emphysema High blood pressure heart condition Diabetes
 shortness of breath Back problems or injuries asthma (what kinds?) cancer
 sleeping disturbance allergies (what kinds?)

Other concerns? Please list

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 or vegetarian? Please specify.

In case of illness or emergency, please notify (please share someone who knows you well and who will be accessible during this trip:

Name: _____

Address: _____ City: _____

State/Province: _____ Postal Code/vip code: _____

email: _____

Phone: Day _____ Evening: _____

PERMISSION FORM FOR EMERGENCY MEDICAL TREATMENT

On rare occasions an emergency requiring hospital treatment may develop during a 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 Global Education 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 and contractors, sponsors, representatives in regard to these decisions in the administration of emergency medical treatment as described herein.

Participant's Signature

Date

Parent/Guardian Signature (if participant is under 19)

RELEASE OF LIABILITY AGREEMENT

(Please read carefully before signing)

1. I, _____ have applied and intend to participate in the World Pilgrim Global Education Inc. Sacred Bali 2020 program.
2. I have voluntarily registered for this program outside of the United States/Canada/my home country.
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 Global Education Incorporated Sacred Bali 2020 program. I will assume all costs for all medical treatments and emergencies that may occur while I Bali or enroute to Bali. 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 Global Education Inc. 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, instructions during the programme and of the country we are visiting. I further agree that the World Pilgrim Global Education Inc. Staff may terminate my participation 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 programme participants or leaders. I agree to be responsible for my expenses, travel home, extra hotel costs, change in travel plans if I am no longer participating in the programme.
5. I have read/will read the World Pilgrim Global Education Handbook and agree to participate in all aspects of the programme, all whole group sessions and in the itinerary as has been laid out.
6. I consent to my photo being used publically by World Pilgrim Inc. in its advertising and reporting. I will not be named in the photos.

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 sign it of my own free will.

Parent or legal guardian signature

Date

Parent or legal guardian name and date of birth (please print)