**Walk the Camino de Santiago Pilgrimage in Spain**

**May 11 - 23, 2014**

Tour Escorts: Arthur Boers and Karen Cornies

**REGISTRATION FORM**

###### **Organized by: Verstraete Travel and Cruises**

**Enter your COMPLETE NAME as it reads in your passport**

Mr / Ms

(Circle one) Last Name: First: Middle: Date of Birth *(Day/Month/Year)*

Address (including apartment number if applicable) Town Province Postal Code

Passport Number Phone Contact E-mail:

**Relevant Medical / Health / Diet / Allergy Concerns:**

Please list any health concerns

Health Card Number Province International Health Insurance (if applicable)

**Emergency Contact in Canada:**

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Last Name: First: Relationship Contact Phone Numver

**Tour Fees: (Please check all that apply)**

**🞏** **$2275** if paid in full by March 03, 2014

**🞏 $2475** if paid in full between March 04 and April 07, 2014 *(no applications accepted after April 7, 2014)*

Fees include transportation (except as noted below), meals on walking days, and hostel-style accommodations

\*Fees do not include transportation to/from Pearson International Airport, passport fees, meals on non-walking days, medical supplies, transportation en route if not walking, international health insurance, entrance tickets or tourist attractions.

**Course Fees:**

If you are taking the **Leadership Pilgrimage on the Camino de Santiago [LEAD 0670]** course, note that the course requires participation on the tour.

See **www.tyndale.ca/summer/courses/lead-0670** or visit Tyndale’s Registrar’s Office. You also need to fill out the “Registration for Non-Classroom Course.”

More detailed information is included in the brochure

Note that the **cheque for your course fees should be made out to Tyndale Seminary** and submitted with the appropriate forms. **The cheque for the Pilgrimage must be made out to Verstraete Travel & Cruises.**

**Insurance:**

In order to cover yourself against cancellation and/or hospital /medical costs we strongly recommend that you chose to purchase an all-inclusive or non-medical insurance for this trip.

**All-Inclusive Insurance** - includes Out of Country Medical, Travel Cancellation and Trip Interruption, Travel Accident, Baggage and Personal effects insurance.

**Non-Medical Insurance** - same as above except there is **NO** Out of Country Medical Insurance.

***Age at Time of Booking***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Insurance Type*** |  | ***All-Inclusive*** | ***Non-Medical*** |
| **0 - 25 years** |  | $ 79 | n/a |
| **26 – 59 years** |  | $235 | $195 |

**The insurance premium is non-refundable as soon as payment has been received.**

If you have any travel insurance through your Credit Card Company or elsewhere, please make sure that you have sufficient coverage

**If you choose not to purchase the offered insurance you must sign and date the waiver below**

*I, the undersigned, have refused the purchase of insurance offered by Verstraete Travel and Cruises and therefore, will not hold Verstraete Travel and Cruises responsible for any penalties or expenses incurred if I have to cancel or become ill on the trip.*

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Signature Date

**Tour Deposit Information:**  # of passengers

Non Refundable Tour deposit = $ 1,000.00

Optional Insurance =

Type

**Total Deposit cheque made out to Verstraete Travel & Cruises:** $

**Deposit:** **$1000 per person** deposit at the time of booking **plus** your insurance payment

**Final Payment due: March 03, 2014**

All “Terms and Conditions” as stated on the “Walk the Camino de Santiago Pilgrimage in Spain” brochure apply.

**Application Date:** \_\_\_\_\_\_ **Signature:** \_ \_

**All forms and payments must be submitted to:**

**Arthur Boers**

**Tyndale University College & Seminary**

25 Ballyconnor Court, Toronto, ON M2M 4B3

[aboers@tyndale.ca](mailto:aboers@tyndale.ca)

**Release of Liability Form**

Please complete and submit to Arthur Boers along with your other application materials.

I (name) of (address)

Hereby release and forever discharge Tyndale University College and Seminary and their respective officers and officials from any and all claims, causes of action, damages and expenses arising directly or indirectly from any participation in a short term ministry or any other activity, program or event directly or indirectly sponsored by the foregoing listed agency.

This release shall be binding on all of my heirs, executors and administrators.

Witness Signature

Date

Print Name

Address

Participant Signature

Date

Print Name

Address

In consideration of the Governors of Tyndale University College and Seminary (TUCS) allowing my participation in the above-noted event, I represent and agree as follows:

1. I am aware that participating in the above-noted event has many inherent dangers, hazards and risks, including but not limited to the following: Theft, loss or damage to personal property; any manner of injury, disability or death arising from travel during the above-noted event OR resulting from use, misuse, non-use and failure of any equipment;; illness including food poisoning arising from the provision of food or beverage; acts by third parties unrelated to the above-noted event.
2. I am aware that TUCS does not insure students against injury, accident, hospitalization, disability or death. I acknowledge that it is my responsibility to obtain supplemental medical, hospitalization and disability insurance coveragewhile participating in this event.
3. I agree to provide evidence of insurance coverage for international travel.
4. To the best of my knowledge, there are no health-related reasons or problems that preclude or restrict my participation in the above-noted event.
5. I agree to obtain and provide evidence of the appropriate medical clearances, such as immunizations, medical advice and the required level of physical fitness as requested.
6. In the event of an accident or serious illness, I authorize TUCS to obtain medical treatment for me and on my behalf. I agree to hold harmless and indemnify TUCS from any liability, claims, causes of action and/or damages, arising out of or resulting from medical treatment.
7. I give permission to release information provided on this form to TUCS employees and others including insurance agents and/or emergency medical personnel as required.
8. I agree to make sure that I know how to safely participate in the above-noted event, and I agree to observe any rules and practices, which may be employed to minimize risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue any activity.
9. I agree to become familiar with the policies of TUCS concerning student conduct during this event and agree not to violate any directives or instruction made by the persons in charge of the above-noted event. I understand that failure to obey directives may result in my expulsion from any remaining portion of the above-noted event.
10. I agree that if I become unable to walk the allotted route for the day that will willingly, at my own expense, make arrangements to be transported to the next destination and seek any medical attention required at my own expense.
11. I knowingly and freely accept and fully assume any risks, dangers and hazards, whether known or unknown, and the possibility of personal injury, illness, death, property damage or loss, resulting from my participation in the above-noted event. I release, waive and hold harmless TUCS, its Board of Governors, officers, employees and agents from any liability, claims, causes of action and/or damages of any kind relating to or arising out of this event.
12. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

I have read this Registration, Informed Consent and Waiver of Liability, fully understand its terms and sign it freely and voluntarily without any inducement. I am at least eighteen (18) years of age and fully competent to sign this Informed Consent and Waiver of Liability. If I am not eighteen (18) years of age, my parent or legal guardian has signed on my behalf.

Signed on this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2012 at \_\_\_\_\_\_\_\_\_\_\_\_, Ontario.

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| --- | --- | --- |
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|  |  |  |
| Signature of Witness (TUCS Employee) |  | Signature of Participant |
|  |  |  |
|  |  |  |
| Print Name of Witness |  | Print Name of Participant |

Your spot on the tour will be reserved once all forms have been completed, fees paid and written confirmation from a tour leader issued.