

Walking Pilgrimage Guelph Group - Registration Form

Name	
Address	
Home Phone #	Business Phone #
Emergency Contact	Relationship
Emergency Contact Daytime Phone #	Evening Phone #
Allergies	
Current Medications	
Special Dietary Needs	
Days Participating: <input type="checkbox"/> All 8 Days - \$175 (Students: \$75—under 18 need Guardian on Pilgrimage) <input type="checkbox"/> Only Specific Dates - \$25 (\$50 max per family) – <i>Please specify the dates you will be walking:</i>	
Checks to be made out to: Guelph Walking Pilgrimage	
Send checks & registration form to: Registrar, Ignatius Jesuit Centre, 5420 Hwy 6 N, Guelph ON N1H 6J2	
More information: Robin Fishburn at ichthyosis@rogers.com	

Waiver of Liability:

I/My child, will attend the Walking Pilgrimage, from Ignatius Center of Guelph to the Martyrs' Shrine in Midland Ontario in August of this year (hereafter called Walking Pilgrimage Guelph Group). If needed, I give permission for myself/him/her to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. In the case of it being my child, I understand that attempts to contact me if necessary will be made. I relieve Walking Pilgrimage Guelph Group and all the walking staff of all responsibility and consequences that may arise as a result of this treatment. I will not hold Walking Pilgrimage Guelph Group, or the walking staff liable in the event of injury.

I agree to accept any and all financial responsibility as a result of scheduling medical treatment. I/my son/daughter is/we are aware that photos may be taken during the event by walking staff, and waive all rights from these photographs including but not limited to publishing them on promotional material. I/my son/daughter agree/agrees to abide by the rules and regulations stated by Walking Pilgrimage Guelph Group and all the walking staff, including the stipulation that no alcohol, drugs or weapons are allowed on the pilgrimage.

I understand that Walking Pilgrimage Guelph Group and all the walking staff will not be liable if I/my child fails to comply with regulations, and that any infraction of the rules may result in immediate dismissal from the walking group at my expense.

By signing this waiver, it indicates that I accept the terms as outlined.

Participant Signature	Date Signed
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If participant is under 18, Parent/Guardian approval and contact info must be provided.

Signature of Parent	Print Parent's Name	
Address		
Phone	Email	Date