

Walking Pilgrimage Guelph Group Registration Form

Name: _____

Address: _____

Telephone: (home) _____ (business) _____

Email: _____

Emergency Contact (Relationship): _____

Health Card No.: _____ Physician: Phone No.: _____

Allergies: _____

Current Medications: _____

Days Participating: All Eight Days Only Specific Days _____

Special Dietary Needs: _____

Will require a ride from Midland back to Guelph? Yes No

Able to give others a ride back from Midland to Guelph? Yes No Number: _____

Price: Adults- \$150 Students- \$75 Day Walkers- \$25/day

Checks to be made out to: **Guelph Walking Pilgrimage.**

Checks sent to: **Fr. Roger Yaworski, S.J. Ignatius Jesuit Centre 5420 Hwy 6 North, RR5, Guelph ON, N1H 6J2**

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 _____

If participant is under 18, Parental/Guardian approval and contact info must be provided

Signature of Parent: _____ Print Parent's Name _____

Address: _____

Phone _____ Email: _____ Date _____