



"Walk This Way"

Participant Information

El Camino de
Santiago



Please ensure you understand this information before submitting your application form

Medical Declaration

For your safety, please make a full and accurate declaration of your health status on the application form (this will be handled confidentially). If your health status changes before the team's departure, you are required to inform project staff of changes.

You must submit written confirmation from your GP that you are fit to participate in the Camino de Santiago Project if any of the following apply:

- If you suffer from any long-term illness or condition (other than asthma, unless it is severe)
- If you have any physical impairments
- If you have had any serious heart, lung, kidney problems or any major illness or surgery in the last 3 years
- If you are over 60 years of age.

Agape Project Cancellation

Agape may cancel a project's plans to travel due to change in government travel advisories, suspension of airline services to the destination, adverse weather conditions or unexpected changes to the Agape programme.

In the event of Agape cancellation, Agape will do everything possible to refund all unspent project money to participants. In this event, all funds raised and allocated for the orphanage will be forwarded to The Dawn Refuge as originally intended.

Participation Cancellation

If a participant cancels their participation in the Camino de Santiago Project:

Up to 30 days prior to the experience, any personal payments will be refunded except a deposit of €200, and any additional costs that may have been incurred by the Camino de Santiago Project (eg. airfare, booking accommodation). If cancellation occurs within 30 days of the intended trip, all personal payments submitted by the participant may be retained by Agape to cover capital costs of the project.

Should a participant cancel after costs have been incurred on their behalf by Agape (ie flight deposits) but before they have submitted payment for same, they will be required to submit sufficient funds to cover any costs incurred. Depending on the reason for cancellation, a claim may be made to the insurance company for losses.

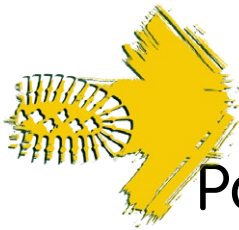
If a participant cancels at any stage in the preparation, all fundraised monies or monies donated by a third party will either (a) be used as allocated for expenses/ be included in the donation to the Dawn Refuge or (b) be deferred for a future Camino de Santiago or similar Project at the discretion of Agape.

If neither of these options are suitable due to circumstances, donated funds will be returned to donors in so far as is possible.

Participants have a duty to submit all monies donated for the purpose of the Camino de Santiago Project to Agape, and should there be any outstanding funds at the time of cancellation, all donations must be submitted promptly to Agape Ministries Ireland.

All monies fundraised for a Camino de Santiago trip belong to Agape, and should be submitted promptly. Participants do not have the right, nor is it ethical, to use donated funds for any other purpose or cause.

AGAPE MINISTRIES IRELAND, LTD is a registered charity in Ireland (charity number CHY 17459) and company limited by guarantee incorporated in Ireland (registration number 449 205).



"Walk This Way"



Participant Registration Form

2010
JUNE 15-24
160KM



Your Details

Full Name (as on your passport) Preferred Name

Current Age Date of Birth (dd/mm/yyyy) Gender Occupation

Passport No. Nationality (country of passport issue) Passport Expiry Date

N.B. Your passport must be valid at least 6 months beyond the trip return home date.

Home or Permanent Address Address for Correspondence (if different than Home)

Home Phone Type of Address (Work/ Rental/ Other)

Mobile Phone Email Address

Declaration

I declare that all the information provided herein is to the best of my knowledge and belief, full, true and correct. Should any medical issues arise between now and the date of travel, I will disclose this information to the project leaders/Agape. If accepted for the project, I agree to submit full payment of all costs at the appointed deadlines. I understand that all monies fundraised for the project and Serve the City must be submitted to Agape Ireland. If for any reason I withdraw my participation from the trip, I will submit all donated money to Agape Ireland. If accepted for El Camino de Santiago Project, I agree to fulfil the project leaders' requirements for participation in activities before and during the trip. I understand that this is a Christian project which upholds certain moral values and thus during the course of the project single people will not engage in relations of a sexual nature with others, and will agree to the project norm of sleeping arrangements in same-sex rooms, dormitories or tents. I understand that this is a group project and will do my best to make this a positive experience for my fellow participants and the people we meet in-country. I understand that my place in the project can be revoked at any stage during the preparation for or during the time of the trip if inappropriate behaviour becomes an issue. If I am involved in any illegal activity or caught in the possession of illegal drugs or weapons during the project, I will be evacuated immediately at my own expense.

Signed _____

Date _____

Data Protection - Agape Ministries Ireland will hold the content of this application on file but will not release the information to any third party.

Registration must be submitted by 1 March, 2010, to include the following:

- All sections of the Registration Form completed
- Signature on this page of registration
- All sections of Medical Details form completed and written doctor confirmation (if applicable - see participant information page).
- 2 copies of the photo ID page of your passport (please ensure copy is readable)
- Signed waiver
- Deposit of €150 (by cheque, postal order or bank draft only) made out to: 'Agape'

This payment is non-refundable once a place on the trip has been accepted.

Please return completed registration to:
Camino de Santiago Project
Agape
5 Clarinda Park North, Dun Laoghaire, Co Dublin



“Walk This Way”

El Camino de Santiago

Participant Medical Details

Medical Details (confidential)

Name _____

Disclosure of your medical details does not necessarily prevent you from participating in El Camino de Santiago Project. Any hospital or medical practitioner not having access to your medical history will need the following information. These details will be confidential and only seen by the project leader and appropriate Agape Ireland staff. Please note that walking long distances each day may, at times, be strenuous, and you may wish to consult your doctor about joining this project.

If you answer yes to questions (3), (4) or (5) below, please obtain written confirmation from your doctor that you are fully fit to participate in this project.

(1) Do you suffer from any allergies?
(food, medicine, bee stings etc)

(2) Please list any medications you are currently taking and the condition you are taking them for.

(3) Do you have any physical impairments? If so, please describe.

(4) Do you suffer from epilepsy, asthma, back problems, other chronic illness?

(5) Have you had any serious heart, lung, kidney problems or any major illness or surgery in the last 3 years?

(6) Please list any other medical history which may be pertinent.

What is the date of your last tetanus shot? (dd/mm/yyyy)

What is your blood group?
(If blood group is not known it can be given at a later date)

Do you wear contact lenses?

YES NO

Emergency Contacts:

(Please list whom we should contact in event of emergency)

Next of Kin

Name

Address

Mobile Number

Home Number

Relationship to you

Doctor

Name

Address

Telephone Number(s)

All information provided under Next of Kin and Doctor will only be used in case of emergency.

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!
YOU MAY WISH TO OBTAIN LEGAL ADVICE BEFORE SIGNING.

IMPORTANT: Each participant must have a signed “Camino de Santiago Project Release and Waiver of Liability” on file prior to departure. Please complete this form and return to project leaders. Please print all information in blanks provided.

CAMINO DE SANTIAGO PROJECT RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the “Release”) executed on this _____ day of _____ 200____, by _____ (the “Participant”) in favour of AGAPE MINISTRIES IRELAND, LTD, a registered charity in Ireland (charity number CHY 17459) and company limited by guarantee incorporated in Ireland (registration number 449 205) their affiliated organisations in other nations, directors, officers, employees, and agents (collectively “Agape”). In consideration of Agape involving me in its activities, I hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **WAIVER AND RELEASE.** I, the Participant, release and forever discharge and hold harmless Agape and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work for Agape. I understand and acknowledge that this Release discharges Agape from any liability or claim that I, the Participant, may have against Agape with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation with the Camino de Santiago Project. I also understand that Agape does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).

2. **INSURANCE.** I, the Participant, understand that, except as otherwise agreed to by Agape in writing; Agape does not carry or maintain health, medical, or disability insurance coverage for any participant. Agape’s Board of Directors requires all participants to have Travel Insurance as deemed appropriate by Agape.

3. **MEDICAL TREATMENT.** Except as otherwise agreed to by Agape in writing, I hereby release and forever discharge Agape from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services during my time with Agape.

4. **ASSUMPTION OF THE RISK.** I understand that my time with Agape may include activities that may be hazardous to me, including, but not limited to, hiking, backpacking and camping. So, I recognize and understand that my time with Agape may, in some situations, involve inherently dangerous activities. I also understand that in addition to consuming local foods and living in accommodations which are available in the country/(ies) visited, I may be travelling to and from locations which pose risks from terrorism, war, insurrection, or criminal activities.

I also understand that, in order to protect its employees and Participants in all countries around the world, it is Agape’s policy that it will not pay ransom or make any other payments in order to secure the release of hostages.

I hereby expressly and specifically assume the risk of injury or harm in these activities and release Agape from all liability for injury, illness, death, or property damage resulting from the activities during my time with Agape.

5. **PHOTOGRAPHIC RELEASE.** I grant and convey unto Agape all right, title, and interest in any and all photographic images and video or audio recordings made by Agape during my time with Agape, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **OTHER.** The construction, performance and validity of this Release shall in all respects be governed by the law of The Republic of Ireland. The jurisdiction for the settlement of any disputes arising under or in connection with this Release shall be The Republic of Ireland.

I agree that in the event that any clause or provision of this Release shall be held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue and be enforceable.

IN WITNESS WHEREOF, I, Participant have executed this Release, in the presence of a witness, as of the day and year first above written.

Participant Name: (please print) Signature:
Address: Date:

Witness: Name. (please print) Signature:
Telephone (Home). (Work) Date: