

Registration Form – altar ministries Spring Camp '2008

Parish /Group name _____ Group leader/Minister name* _____
Address _____ City _____ State _____ Zip _____
Home phone (____) _____ Other Phone (____) _____ Fax (____) _____ e-mail _____

Name of participant _____ Born on: ____/____/____
Address _____ City _____ State _____ Zip _____
Home phone (____) _____ Other Phone (____) _____ Fax (____) _____ e-mail _____

Health conditions that Saint Bernard Travel should be aware of: _____

Medical insurance

Please provide information about your medical insurance

- participant's insurance name & policy number _____
- purchased for the time of the event – offered for \$30 (age under 35) by Saint Bernard Travel – coverage up to \$50,000.00
- none

Medical/liability release and acknowledgment of risk: I hereby certify that the above named enrollee is in good health and free from any communicable disease. In case of medical emergency (taking place during the course of the event) I hereby give permission to representatives of Saint Bernard Travel and representatives to secure proper treatment for enrollee. I also certify that my insurance company or myself will cover all medical costs. I acknowledge that some of the activities or method of transportation provided by Saint Bernard Travel, may entail unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself or participant, and/or to property. I elect to participate in the Saint Bernard Travel program despite the risks involved. I also hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Saint Bernard Travel and their representatives from any claims, demands, or causes of action that may be in any way related to or result from my or my program participation.

Responsibility: Saint Bernard Travel and/or its agents act only as an agent in making arrangements for accommodations, sightseeing tours and transportation or any other service in connection with the event. Saint Bernard Travel and/or its agent or suppliers shall not be liable for injury, sickness, death, damage, loss, accident, delay or irregularity, liability or expense to person or property due to act or default of any hotel, carrier or other company or person providing or rendering services included in the event, any and all acts of a third party, or any other cases beyond their control. Saint Bernard Travel reserves the right to cancel, changes, or substitutes any service at any time for any reason including insufficient number of participants.

I understand and accept all terms and conditions presented to me on the above form.

_____/_____
Date / participant signature

_____/_____/_____
Date / Father's signature ** / Father's name - PRINT

_____/_____/_____
Date / Mother's signature ** / Mother's name - PRINT

_____/_____/_____
Date / Guardian signature *** / Guardian name - PRINT

Notary public box

signature

stamp

* If you travel alone or no group are planned to be organized in your parish - just fill information about the parish you attend to

** If under 18 both parents signature required. If parents are divorced or one parent is deceased please send this form notarized with appropriated documents

*** If under 18 and both parents not available guardian signature required. Please send this form notarized with appropriated documents.

Payment information:

- \$50 1st payment by Aprl 1st, 2007
- \$45 2nd payment by May 1st 2007

Cancellation:

Must be in writing and acknowledged by Saint Bernard Travel.
If postmarked within:
- 30 days prior to departure – penalty 50% of the tour cost
- 10 days prior to departure – penalty 100% of the tour cost



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