

# ARCHDIOCESE OF WINNIPEG PILGRIM AGREEMENT PACKAGE

*World Youth Day 2019*

*Panama*



Catholic Centre, 1495 Pembina Highway, Winnipeg, MB R3T 2C6  
(204) 452 – 2227 ext. 228 | [youth@archwinnipeg.ca](mailto:youth@archwinnipeg.ca)

## **PILGRIM REGISTRATION FORM**

*Please Print*

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name as shown on your passport: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street Name/Box Number*

*City/Town*

*Prov.*

*Postal Code*

Birthdate (Month/Day/Year): \_\_\_\_\_ Parish: \_\_\_\_\_

### **COMMITMENT**

Participation in World Youth Day (WYD) 2019 involves a commitment of personal time and energy in preparation for the event, and during the event. Pilgrims are expected to conduct themselves with due respect and to show consideration for their fellow pilgrims, leaders, and volunteers involved in WYD.

### **DECLARATION**

By signing this form, I declare my commitment and I understand that my participation in World Youth Day includes participating fully in:

- Spiritual Preparation Sessions from December 2017 to January 2019
- A retreat prior to leaving for Panama
- “Days in the Diocese” and/or other service activities
- WYD Activities in Panama

**If you are under 18 years of age, you must have a parent or guardian’s signature. Parent or guardian: please carefully read before signing. In permitting my son/daughter (please circle) \_\_\_\_\_ (please fill in name) to participate in the events leading to and including World Youth Day 2019, I, the undersigned, permit him/ her (please circle) to participate in the full range of activities, and agree to support this participation.**

Signature of Participant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### **INFORMATION REGARDING PAYMENTS**

The estimated cost per pilgrim is **3750.00 Canadian Dollars**. This is to be paid according to the schedule presented in the Letter of Agreement. Please respect the payment schedule and submit your dues in time.

Please make cheques payable to the **Archdiocese of Winnipeg**.  
Cash payments need to be submitted to the Catholic Centre, 1495 Pembina Highway,  
within the office hours of: Monday to Friday, 8:30 a.m. to 4:30 p.m.,  
submitted **one** business day before each due date.

## PERSONAL HEALTH INFORMATION

*This information is to ensure the safety of all participants. It will be used by your Pilgrimage Co-ordinator and Medical personnel as needed.*

Name as listed on your Manitoba Health Card: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_

Manitoba Health Registration Number (6 digits) : \_\_\_\_\_

Personal Health I.D. Number (9 digits) : \_\_\_\_\_

Other Medical Insurance (e.g. Blue Cross) : \_\_\_\_\_

Allergies : \_\_\_\_\_

Reaction to Above : \_\_\_\_\_

### **Medications**

Current Medications	Dosages Per Day	Times Taken

*Note: All Medications must be brought in their original containers both for security checks and if needed to be given to Medical personnel. Medications must be transported in "carry-on" baggage.*

Special Needs and/or Chronic or Recurring Illness: \_\_\_\_\_

\_\_\_\_\_

Specific Treatment for Above: \_\_\_\_\_

\_\_\_\_\_

### **Emergency Contact**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

*In case of medical or traumatic emergency, I understand every effort will be made to contact the person above. In the event they cannot be reached and/ or I cannot express my own wishes, I hereby give permission to the World Youth Day medical personnel to hospitalise, secure proper treatment, order injection, anaesthesia or surgery. In the event medication, medical advice, treatment and/ or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health and/ or Medical Insurance.*

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date



## RELEASE - PARTICIPANT

I, \_\_\_\_\_, (the Releasor, which term includes my heirs, executors, administrators, successors and assigns), for valuable consideration, the receipt of which is hereby acknowledged, hereby remise, release and forever discharge The Roman Catholic Archiepiscopal Corporation of Winnipeg, the Archdiocese of Winnipeg, together with all parishes, missions, schools, related organizations and corporations, employees, agents, contractors, pilgrimage coordinators, spiritual directors, chaperones and all volunteers (collectively, the Releasees), from all manner of actions, causes of actions, claims or demands which I ever had, now have or can, shall or may hereafter have against the Releasees by reason of any damage, loss, injury to person and/or property, death or any other misfortune which may be sustained by me during the (1) Events in Preparation for World Youth Day, (2) Days in the Diocese-related events and service initiatives, and (3) the World Youth Day events to be held in Panama City, Panama, and/or during the trip to and from these cities.

The Releasor has duly executed this Release on \_\_\_\_\_ in the city of Winnipeg.

Signed

In the presence of :

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Witness

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Participant Signature



## LETTER OF AGREEMENT

Date: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, hereby acknowledge the payment schedule as listed below and will make every reasonable effort to abide by it.

**Deposit 1:** Non-refundable deposit of \$750.00 due on November 10, 2017.

**Deposit 2:** Non-refundable deposit of \$750.00 due on March 9, 2018

**Last Payment:** Final payment due in full on September 10, 2018

Each registered pilgrim “reserves” a slot in the Archdiocese of Winnipeg delegation. Until March 9, 2018 (second deposit due date), the name associated with the reserved slot could be changed. In other words, if I am unable to go to WYD for good reasons, someone else is able to take that spot without penalty. Should this instance occur, I acknowledge my full responsibility to look for a replacement for my slot. After March 9, 2018, the slot is secured in my name; changing it would involve incurring heavy airline penalties and other administrative costs, which I agree to cover in full. In the event that no one is able to take my slot, I forego the deposits I have paid up to that point in full. I enter into this agreement freely and in good faith.

Regards,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature