



**Would you also like to volunteer?** (Please select ✓ your preference(s) below)

- Group Guide    
  Station Leader    
  Registration    
  Other (Wherever I'm needed)

*PLEASE NOTE: Volunteer positions are not guaranteed. All volunteers are required to attend a mandatory Volunteers' Pre-Walk and Training Workshop on Saturday, July 21 with a special pilgrim mass at 6:30 am. Lunch will be provided.*

**Minor Pilgrim Information** (For pilgrims under 18 years of age on or before July 28, 2018)P

*NOTE: Minor you register below must be present with you when you check-in on the day of Camino on July 28, 2018*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Waiver for Minors**

I represent and warrant that I am the parent or legal guardian of the minor pilgrim(s) named on this application, and that I am authorized on behalf of myself, minor pilgrim and our heirs and assigns, to hereby enter into this Waiver Agreement IN CONSIDERATION OF minor pilgrim's participation in the Camino de Santiago.

I agree that in the event my child or minor is injured as a result of his/her participation in the above named activities, including transportation to and from this activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any activity.

I hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any right that I otherwise might have to limit or to control such making or use. I hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

By signing my FULL name below, I agree to all the above terms and conditions with regards to my minor pilgrim's participation in any events during the Camino de Santiago, regardless of the year or season in which such participation takes place.

Parent or Guardian Full Name <i>(Please Print)</i>	Parent or Guardian Signature	Date
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**Payment Summary**

Type	Quantity	Cost Each	Amount
Adult Registration Fee	1	\$10 ea (\$15*)	\$ _____
Minor Registration Fee	___	\$ 5 ea (\$ 8*)	_____
Sponsorship - Help someone participate in the Camino de Santiago 2018 or help defer Camino costs. Thank you!		\$ _____	_____
Other: _____	___	\$ _____	_____
		<b>TOTAL</b>	<b>\$ _____</b>

\*Starting July 2, 2018, registration amount for Adults = \$15 ea. and Minors = \$8 ea.

**Payment Method**

- Cash    
  Check    
  Credit Card / PayPal    
  Other: \_\_\_\_\_