

International Seminar

Application and Release Form

**Client Information**

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| Last Name | |  | | | | | | | First Name | | | |  | | | | | | | | | | Middle Name | | | | | |  | | |
| Mailing Address | | | |  | | | | | | | | City/Town | | | | | |  | | | | | | | | | State |  | | Zip |  |
| Mobile Phone | | | (   )    - | | | | | | | Email Address | | | | | | |  | | | | | | | | | | | | | | |
| Date of Birth | | | Month:    Day:    Year: | | | | | | | | | | | | | | Age at Time of Travel | | | | | | | | |  | | | | | |
| US Passport Number | | | | | | |  | | | | Passport Expiration Date | | | | | | | | | | Month:    Day:    Year: | | | | | | | | | | |
| Emergency Contact | | | | | |  | | | | | | | | Relationship | | | | | |  | | | | | | | | | | | |
| Contact Phone | | | | | | (   )    - | | | | | | | | Email | | | | | |  | | | | | | | | | | | |
| Are you a U.S. Citizen? | | | | | | Yes No | | | | | | | | If no, what is your nationality? | | | | | | | | | |  | | | | | | | |
| Travel Start Date | Month:    Day:    Year: | | | | | | | | | | | | | | | Travel End Date | | | | | | Month:    Day:    Year: | | | | | | | | | |
| Do you have any allergies, food or otherwise, that may require medical attention while on your trip? If yes, please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you have any health conditions that may require medical attention while on your trip? If yes, please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Primary Health Insurance Provider | | | | | | | |  | | | | | | | | | | | Name of Primary Policy Holder | | | | | | | | |  | | | |
| Policy Number | | | | |  | | | | | | | | | | Group Number | | | | | | | | | |  | | | | | | |

**Program Fee Acknowledgment**

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| To which Camino program are you applying? | 8-day/7-night International Seminar: $2,900/person + airfare  5-day/4-night International Seminar: $2,400/person + airfare  4-day/3-night Language Immersion: $1,950/person + airfare  Other: Young Men's Seminar 2020 Program Fee: TBD | |
| I understand the nonrefundable deposit required to hold my space is… | 8-day/7-night International Seminar: $580  5-day/4-night International Seminar: $480  4-day/3-night Language Immersion: $390  Other:       Required Deposit: $300 | |
| I understand the nonrefundable deposit is due upon approval of my application, in the form of a check payable to Camino Institute, LLC. | | Initials: |
| I understand the remaining balance of my program fee is due four (4) months prior to my departure date, or at the time of registration, whichever is later. | | Initials: |
| I understand that if I choose to withdraw from the program or otherwise cancel my participation within four months of the scheduled date of departure, I will forfeit my deposit, plus 50% of my program fee, plus any nonrefundable portion of my airfare; likewise, if I withdraw/cancel my participation within one month of the scheduled date of departure, I will forfeit my deposit, plus 100% of my program fee, plus any nonrefundable portion of my airfare. | | Initials: |

**Cohort Participant Profile & Preferences**

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| What is your level of Spanish fluency? | None  Rudimentary  Basic  Conversational  Fluent |
| To what extent are you able and willing to engage in manual labor (e.g., carrying cinderblocks, digging trenches, mixing cement) | None  Light  Moderate  Intense  Very intense |
| To what extent are you able and willing to “disconnect” by avoiding use of your phone (with the exception of limited “check-in’s and emergency use)? | I will respect others’ choices, but I do not intend to limit use of my phone.  I wish to carry and keep it on at all times, but limit my use to private time.  I will carry my phone but keep it off unless needed.  Other - Please explain: |
| What is your preference with regard to the consumption of alcohol by members of your cohort during the Seminar? | I strongly prefer that there be no alcohol associated with our cohort.  I prefer that we avoid the consumption of alcohol, but respect others’ decisions to drink in moderation, should they wish to.  I have no problem with moderate consumption of alcohol in the cohort; likewise, I am willing to forego it in accordance with others’ preferences. |
| Camino Seminars are inspired by the spiritual teachings of St. Ignatius Loyola, founder of the Jesuits). How familiar are you with Ignatian Spirituality? | I don’t have any familiarity with Ignatian Spirituality at all.  I have some basic familiarity with Ignatian Spirituality.  I have considerable familiarity with Ignatian Spirituality.  I have a strong understanding of Ignatian Spirituality. |
| How much experience do you have traveling in developing countries? | None  Very little  A good amount  Quite a bit |
| Camino Seminars involve communal living with semi-private accommodations, including shared sleeping areas and bathroom facilities. What is your comfort level with this? | I am uncomfortable with communal living and I would appreciate as much privacy as possible.  I am okay with communal living for limited periods of time, like the length of the Seminar.  I embrace communal living in the context of an experience like this Seminar. |
| Camino Seminars involve simple living and we provide a very light recommended packing list. What is your comfort level with “traveling light” without all the luxuries and amenities of home? | I am uncomfortable with the simple living idea.  I am okay with the simple living idea, although I’m not relishing it.  I embrace the simple living idea in the context of an experience like this. |
| Camino Seminars involve a “curriculum” of readings, reflections, and discussions on relevant topics. How do you feel about participating in this aspect of the Seminar? | I am not particularly attracted to or excited by this aspect.  I am open to this and am willing to participate in this aspect.  I am eager to engage in this aspect; it is part of what draws me to this. |
| Is there anything about you that you think it would be helpful for the Camino staff to know as we prepare and lead the experience for your cohort? |  |
| Briefly, please articulate what draws you to this experience at this point in your life. |  |

**Acknowledgment and Release Form**

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| I acknowledge, understand, and affirm that traveling, working, and serving in remote areas of developing countries sometimes involves unknown or hazardous conditions including transportation and/or security issues. I agree to abide by the Camino Institute’s policies and regulations governing the Seminar and to obey instructions given by the Camino Staff. | Initials: |
| I acknowledge, understand, and affirm that the Camino Institute campus is located in a rural area approximately 10 miles by road from a small hospital, and 25 miles by road from a major hospital, and, as such, advanced medical care may not be immediately accessible in the event of an emergency. Furthermore, I acknowledge, understand, and affirm that distances from advanced medical care may be greater during portions of the Seminar, e.g. during travel from the Centro Camino to different parts of the country. | Initials: |
| I acknowledge, understand, and affirm that the Camino Institute Seminar takes place in a tropical environment without air conditioning, and that adjusting to a tropical climate requires special attention to proper hydration and sun protection. | Initials: |
| I acknowledge, understand, and affirm that the Camino Institute Seminar takes place in a developing country and that utilities such as electricity, running water, plumbing, and cellular service are sometimes unreliable and/or unavailable. | Initials: |
| I acknowledge, understand, and affirm that I am able to meet the physical demands involved with participation in the Seminar, am not pregnant, and have no known mental or physical condition that would impair my capability for full participation in the Seminar as intended or expected of me. | Initials: |
| I acknowledge, understand, and affirm that I will seek medical advice from a qualified physician for recommended preparations, e.g., immunizations & antimalarial medications, in advance of the Seminar and that such advice will inform my decisions in this regard. | Initials: |
| I authorize the Camino Staff to make decisions on my behalf with respect to medical treatment, emergency surgery, or hospitalization when I am unable to do so. | Initials: |
| I acknowledge, understand, and affirm that my primary health insurance policy and coverage is active and in good standing and will be for the duration of the seminar. | Initials: |
| I acknowledge, understand, and affirm that current international circumstances and terrorist concerns may require Camino Institute to reassess any travel. While the Camino Institute does not guarantee the safety of any travel, I understand that there may be circumstances that necessitate the cancellation of this travel. If this travel is cancelled, I/we agree that Camino Institute is not responsible for any monetary loss (e.g. deposits, airline tickets, etc.) that may result from such cancellation. | Initials: |
| I acknowledge, understand, and affirm that the Camino staff reserves the right to reject my application and/or that of any client if, in their professional opinion, a client is unsuited for safe participation in the Seminar, whether for medical reasons or other reasons. | Initials: |

The undersigned individual (indicated below) is requesting to be allowed to participate in an international seminar with Camino Institute, LLC during the dates indicated on this application form (“Seminar”). As a condition of being approved to participate in the Seminar, I hereby release and discharge Camino Institute, LLC and all partnering organizations, agents and employees, as well as local host ministry/organizations (“Camino Institute”) from all claims for personal injuries, including death, or property damage (“Damages”) of any nature that I may suffer as a result of my participation in the Seminar, whether or not the Damages are caused by the negligence of Camino Institute. I agree to assume all responsibility for risk of all Damages I may sustain while participating in any activity of any nature, including the use of equipment and facilities of Camino Institute. If, for any reason, I should need medical care during the Seminar, I agree to be responsible for all costs incurred including, but not limited to, medical treatment, medications, supplies and all transportation expenses home if that becomes necessary. Any dispute arising out of this agreement or by virtue of participation in the Seminar shall be adjudicated under New York law and all actions or proceedings commenced shall be done so in New York State Supreme Court, Erie County.

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| I certify that all of the above information is true and I have answered each question completely and honestly. | |
| Applicant’s Printed Name |  |
| Applicant’s Signature (either print this form and sign or export the completed form to PDF and sign electronically.) |  |
| Date | Month:    Day:    Year: |

You may print this form to PDF, sign, and return electronically to [info@caminoinstitute.com](mailto:info@caminoinstitute.com) or paper print, sign, and mail to:

Camino Institute

PO Box 512

East Amherst, NY 14051