



REGISTRATION and INDEMNITY FORM

17-Day Camino Frances Walk : 16 May – 1 June 2024

Please complete this registration form and email it to us. amawalkerscamino@mweb.co.za

Cost of Accompanied Walk: €1695 (Single supplement €450)

Baggage Transfers are included but if you have an extra item the cost is ± €7 per bag

Deposit and Payments Details:

Upon registration we will ask for a **€500** deposit to secure your place in the group. Should you cancel, €50 of this deposit will be non-refundable.

Six months before the walk, a second deposit of **€450** is payable.

Three months prior to the walk, the final invoice is payable.

Payment of the balance

The above deposits will all be treated as part payment of the total amount due. 90 days before the date of commencement, you will receive a Final Invoice showing the total cost of your trip and the balance owing plus any extra services booked. Payments can be made in monthly increments although this could incur extra bank charges. If the balance is not paid/received 60 days prior to the date of departure, amaWalkers Camino shall have the right to cancel the booking without further notice, and cancellation charges as set out in the Booking Conditions will apply. We strongly recommend you include trip cancellation and curtailment with your Travel Insurance. If after acceptance of the booking you wish to alter any confirmed arrangements, a minimum fee of €25 per person for each change may be charged, if such change is possible. If the alteration is less than 90 days prior to departure the cancellation charges may apply. Any changes to the original booking will not be effective until it is received in writing and agreed to in writing by amaWalkers Camino. Because we reserve services such as hotel rooms and taxi transfers months in advance, any increases in their tariffs or additional costs imposed by our suppliers may also be charged.

1. REGISTRATION AND INDEMNITY FORM

Please complete this registration form and email it to us. amawalkerscamino@mweb.co.za If you are applying for another person, please complete one form for each participant. *A deposit invoice will be sent to each applicant once the registration form has been processed*

SURNAME					
FIRST NAME:					
GENDER:	M	<input type="checkbox"/>	F	<input type="checkbox"/>	
DATE OF BIRTH:					
POSTAL ADDRESS:					
EMAIL ADDRESS: [Please print]					
CELL PHONE:					
HOME TELEPHONE:					
WORK TELEPHONE:					
OCCUPATION:					
PASSPORT NUMBER:					

* Please send us a copy of your passport to send to the hotels

2. ROOM REQUIRED: (Please put a cross.)

There are only a few single rooms available and we will have to give one of these to the Group leader. If you are travelling alone we can match you with a roommate of the same gender.

SINGLE	<input type="checkbox"/>	DOUBLE	<input type="checkbox"/>	TWIN	<input type="checkbox"/>	TRIPLE or QUAD	<input type="checkbox"/>
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Do you want us to reserve an extra night for you at the start or at the end of your walk?

St Jean Pied de Port YES NO

Santiago de Compostela YES NO

3. RATE YOUR HIKING FITNESS LEVEL, bearing in mind that our daily stages are between 15 km and 25 km

NB: Although this walk is suitable for all ages, it is fairly challenging, mainly because it is on cross country, undulating trails. Because of this we have reduced the stages to \pm 16km and will be taking them slow! For this reason, the walk might not suit ultra-fit hikers who prefer more strenuous hikes over longer distances.

RATE YOUR HIKING FITNESS LEVEL:

Poor	<input type="checkbox"/>	Can't hike 15km per day or do hills.	Oh dear! Please start training now – preferably on hills
Average	<input type="checkbox"/>	Can hike 15km day after day but not so good on hills	This is an undulating trail with up and downhill stages. You should be OK if you do some hill training
Good	<input type="checkbox"/>	Can hike 15km per day and am OK on hills	Great! You should be OK on this walk.

4. INDEMNITY FORM

Please read the Indemnity form carefully as by signing the form you give up your right to any claim whatsoever against amaWalkers Camino (Pty) Ltd and all persons and service providers assisting with the 17-day Camino Frances walk

I the undersigned hereby agree and declare that:

- I am aware that I am not signing for a Guided Tour with a certified European Tour Guide.
- My participation on the amaWalkers Camino 17-day Camino Frances is entirely at my own risk.
- I am over 18 years of age and am sufficiently fit and competent to take part.
- I agree that the all persons and services assisting with the organization of the amaWalkers Camino 17-day Camino Frances shall not be liable for injury, damage, loss or expense of any nature whatsoever and however arising, which I may suffer or incur arising from my participation, and I indemnify the organizing parties and hold them harmless in respect of any claim relating to such liability.
- I confirm that I have no serious physical or mental conditions that will adversely affect the group, and that I am physically fit and sufficiently capable to participate in the amaWalkers Camino 17-day Camino Frances walk.
- I have read the Booking Conditions and the website and am acquainted with and bound by all rules governing my participation including my responsibilities as a member of this group.

PARTICIPANT'S NAME:	
PARTICIPANT'S SIGNATURE:	
DATE:	

5. MEDICAL DETAILS (Required in case of an emergency)

ARE YOU ON ANY MEDICATION?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
If yes please specify details:					
DO YOU HAVE ANY ALLERGIES?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
If yes please specify details:					
DO YOU SUFFER FROM CHRONIC CONDITIONS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
If yes please specify details:					
DO YOU HAVE SPECIAL DIETARY REQUIREMENTS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
If yes please specify details:					

6. EMERGENCY CONTACT DETAILS/NEXT OF KIN

SURNAME:	
FIRST NAME:	
RELATIONSHIP:	
HOME TELEPHONE:	
CELL PHONE:	
EMAIL ADDRESS:	

7. TRAVEL INSURANCE

NB: Your safety is very important to us. It is a condition of acceptance on this walk that you have travel insurance that includes cancellation, curtailment and repatriation for the full period of the walk.

Please provide us with: the name of your policy issuer, the Policy Number and their Emergency contact number at least 45 days before departure. **(We do not need a copy of the Policy).**

Many large banks offer complimentary travel insurance when you book flights using their credit cards. (Check with your bank). Once you have booked and paid with your credit card, call your bank to activate your Insurance cover and ask for a copy of the policy to be sent to you. The name of the issuing company, policy number and relevant emergency numbers will be on the policy. Your Medical Insurance Company might also offer travel insurance cover.

POLICY NUMBER	
NAME OF INSURER	
INSURER'S EMERGENCY NUMBER FOR EUROPE	

Please note that if we do not receive these details before the walk starts we will treat it as a cancellation and no refund will be due.