



amaWalkers Camino (Pty) Limited: Company Reg No: 2012/073214/07

15 day Camino Frances –9 to 22 June 2025

REGISTRATION and INDEMNITY FORM

Cost of Accompanied Walk: €1495 (Single supplement €395)

Baggage transfers are included, max weight 20kg. If you have an extra item to transfer the cost will be €10 per item

Deposit and Payments Details:

After registration we will send you an invoice for a **€500** deposit to secure your place in the group. **€50** of this deposit will be non-refundable admin fee

Five months before the walk, a second deposit of **€500** is payable

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

Payment of the balance

The above three 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 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. For International payments, you can pay by bank transfer or request a link to pay with a credit card using our secure pay merchant PayFast. South Africans can pay via EFT.

Please complete this registration form and email it to us. amawalkerscamino@mweb.co.za Enter you surname and first names as they appear in your passport. If you are applying for another person, please complete one form for each participant.

SURNAME:					
FIRST NAMES:					
GENDER:	M	<input type="checkbox"/>	F	<input type="checkbox"/>	
DATE AND PLACE OF BIRTH:					
NATIONALITY:					
POSTAL ADDRESS:					
EMAIL ADDRESS: [Please print]					
CELL PHONE:					
HOME TELEPHONE:					
PASSPORT NUMBER					
PLACE ISSUED:					
DATE OF ISSUE					
DATE OF EXPIRY					

Although this walk is suitable for all ages, it is occasionally challenging, mainly because it is on undulating cross-country trails.

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.

ROOM REQUIRED: (Please put a cross)

There are a minimum number of single rooms available and we 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? Yes or No

St Jean Pied de Port

Santiago de Compostela

INDEMNITY FORM

Please read the Indemnity form carefully. By signing this form, you agree to release amaWalkers Camino (Pty) Ltd, as well as all individuals and service providers assisting with the walk, from any and all liability. You will be waiving your right to make any claims whatsoever against these parties.

I the undersigned hereby agree and declare that:

- I am aware that I am not signing up for a Guided Tour with a certified European Tour Guide.
- My participation in the amaWalkers Camino 15-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 all persons and services assisting with the organization of the 15-day amaWalkers Camino Frances walk 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 condition that will adversely affect the group, and that I am physically fit and sufficiently capable to participate in the 15-day amaWalkers' Camino Frances walk
- I have read the Booking Conditions and am acquainted with and bound by all the rules governing my participation, including my responsibilities as a member of this group.
- I understand that I am responsible for any damages or harm caused by my actions or negligence during the walk, and I agree to indemnify and hold harmless amaWalkers Camino (Pty) Ltd and all persons and service providers assisting with the 15-day amaWalkers' Camino Frances walk from any claims, liabilities, or damages arising from such actions or negligence.

I have read the Indemnity Form carefully and fully understand its contents.

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

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:					

CONTACT DETAILS/NEXT OF KIN: (For emergency purposes only)

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

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 following information at least 35 days before the hike. ***(We do not need a copy of the Policy).***

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

Your Medical Insurance Company might also offer travel insurance cover. 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.

NB: If we do not receive these details 35 days before the walk starts we will treat it as a cancellation and no refund will be due.