



## World Meeting of Families 2015 - CLM Papal Visit Trip

The Holy Father, Pope Francis, will be visiting the U.S.A. for the first time to attend the World Meeting of Families Congress, including a Papal Mass Celebration. Itinerary to be confirmed, however it will primarily include the Festival of Families and the Papal Mass, in addition to a CLM event.

**WHERE:** Philadelphia, Pennsylvania

**WHEN:** September 25-27, 2015

**Cost:** \$250

Included in fees: Transportation, accommodations on the floor of the local Newman Centre, Saturday breakfast, lunch, dinner and Sunday breakfast and lunch. To secure your spot on the bus your full payment of \$250 and registration forms are required prior to **June 15<sup>th</sup>**. Seats will be reserved on a first come, first serve basis.

The *Christian Life Movement* (CLM) is an ecclesial movement within the Catholic Church with a spirituality and style of its own. It is an International Association of Christian Faithful of Pontifical Right. The centre of this experience of faith is the deep yearning for holiness, the commitment for the apostolate, and the generous and fraternal giving of oneself in service to others.

**Completed registration forms and payments (through email money transfers or by cheques - made payable to Christian Life Movement Canada) can be submitted either through**

**Email:** [grobertson@clmcanada.org](mailto:grobertson@clmcanada.org)

**Or**

**Mail:** CLM Canada  
4478 Margueritte Ave.,  
Beamsville, ON.  
L0R 1B5  
Canada

# World Meeting of the Families 2015 - Papal Visit Trip

## Important Information

Full Name (as it appears on your passport): \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

University: \_\_\_\_\_ (If applicable)

Land line contact Phone Number: \_\_\_\_\_

Cell Phone Number(s) (optional): \_\_\_\_\_

Postal Address: \_\_\_\_\_

In-case-of-emergency name(s) and phone number(s) of contact(s) and their relation to you:

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

Medical comments (optional): (ie. Allergies, special food considerations, mental health challenges, medication)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state any comments or concerns you may have:

\_\_\_\_\_

\_\_\_\_\_

## Assumption of Risks, Responsibility and Liability Waiver

I, \_\_\_\_\_, hereby declare my intention to participate in the *CLM Papal Visit trip to Philadelphia, Pennsylvania*.

I understand that my participation in the *CLM Papal Visit trip* will take place from September 25 - 27, 2015. During this period, I understand that I will be in unfamiliar surroundings and will be exposed to risks to my person and possessions. I understand that I may suffer personal injury, sickness, death, or damage to my belongings as a result of my participation in this program. I, freely and of my own volition, accept and assume responsibility for all such risks, dangers and hazards.

Accordingly, I understand that despite its best efforts, the Christian Life Movement may not be able to ensure my complete safety at all times from such risks and dangers.

**Assumption of Responsibility:** I understand that it is my responsibility to abide by all applicable CLM, and host institutions' policies and regulations, and to ensure that I have adequate medical, dental, travel and accident insurance or health card coverage, as well as protection of my personal possessions. More particularly, I understand that the CLM does not have to carry accident or injury insurance for my benefit, besides the travel and medical insurance bought for this CLM Trip, and that there may be certain circumstances for which I may personally be held at fault if the accompanying conditions do not relate or arise from my education or if my activities or conduct fall short of what would be considered a reasonable expectation for an individual in my position.

I agree to be accountable in all respects for my own actions and not to expect the CLM or its employees to accept the consequences thereof. Furthermore, I agree to be responsible for any claims made in relation to any such actions.

I **acknowledge** that I have been advised by the CLM of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these terms and in consideration for being permitted by the CLM to participate in the above-mentioned trip.

**Liability Waiver:** I release and hold harmless CLM, its employees, and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this program, including, but not limited to, accidents, acts of God, civil war unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which may incur while participating in thisrip.

This waiver is effective for the period of time that I will be participating in the above-mentioned program and associated activities. I understand that this agreement cannot be modified or interpreted except in writing by the CLM and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of death.

I certify that I have read and understood this waiver form:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date