

Surrender of Personal Responsibility
(To sign and return with the Inscription Form)

I understand that:

1. Monica Péloquin acts as a guide for the members of her groups traveling in Brazil.
2. Monica Péloquin doesn't accept any responsibility nor any engagement related to the loss or deterioration of personal belongings, financial loss, accident, disease, harm, delay or attempt against myself that could happen onto the way, during or after the return from the aforesaid journey at Casa Dom Inácio de Loyola, in Brazil.
3. Each participant is conscious that he/she travels to a spiritual healing center where a medium- healer works: it is about parallel medicine, for time being, not about classical or conventional medicine.
4. Each participant is conscious of taking full responsibility in regards to his/her health and/or the choice(s) of healing methods.
5. Monica Péloquin cannot be held legally responsible towards each participant state of health or health problems before, during and after the journey to Casa Dom Inácio de Loyola.
6. In the same train of thoughts, the Casa Dom Inácio, its employees and voluntary workers (including João Teixeira de Faria) cannot be held responsible for the results or the progression on the health changes at Casa Dom Inácio de Loyola and/or during their participation to any activity at the Casa.
7. I pledge not to engage in commercial or professional activities during my stay with the group.
8. In the event of a lack of respect of Casa Dom Inácio de Loyola's procedures or following a behavior detrimental to the group good running order, Monica Péloquin reserves herself the right to terminate the contract binding her to the participant without compensation.
9. You could be baccinated if you wish. See your doctor.

I undersigned: _____
(In block letters)

Residing at: _____

Telephone: _____ Email: _____

I certify that in full knowledge I have understood the terms of this contract and I pledge to respect them. I do understand that neither Casa Dom Inácio de Loyola, nor Monica Péloquin, nor their employees and/or volunteers can be held accountable for my state or health and/or its evolution.

Signed on the: ___ day of the month of: _____ 200__ in _____ (city)

Signature of the participant: _____
(Block letters)

Signature of the witness: _____
(Block letters / relationship to the participant Address of the witness:

Telephone: _____

Email: _____

INSCRIPTION FORM

Important Note: all information remains confidential

First Name: _____ Name: _____
(same name as on passport Age.....Date of birth.....)

Address _____

Telephone: _____ Fax: _____

Email: _____

In case of emergency: _____

Passport #: _____ Expiration date _____

Citizenship: _____ Passport's place of emission: _____

I wish to participate in this group journey from: _____

I will bring the balance with me and show it to Monica at the airport

(Possibility to extend your trip, because Monica will be staying four weeks)

As an account, I give \$250 to Monica Péroquin (non refundable)

I will bring at least \$1000 for personal expenses and a blank cheque from a bank in Quebec in case of emergency.

I wish to travel with you for the following reasons:

Serious pathology only: Join a copy of your certificate stating your aptitude to travel dated within less than one month. People needing frequent or constant help must be accompanied with a personal aid. The accompanying person must also pay the same costs.

Signature: _____ Date: _____

Name in block letters: _____

Please complete, sign and return this inscription form as well as your **Surrender of Personal Responsibility Form**

*The very same name and orthography need to appear both on the plane ticket and all the papers.

*Also, verify that the expiration date from you Visa is at least 90 days from the date of departure.