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**CSL Kenya 2024 Conference: Heart of Africa**

**Program Registration**

**PLEASE READ ADDITIONAL INFORMATION** at [CSLKenya.org](http://www.cslkenya.org) before filling out the registration. In order to process your registration, we must receive the following:

* **Personal Data Form**
* **Deposit (see below for specifics)**
* **Photography Authorization**
* **Waiver**
* **Emergency contact information**

# Total cost for 15 days in Kenya only $3,285.00!! (US funds, double occupancy)

# or, choose which packages best suit your adventurous spirit:

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| Discover Nairobi | Arrive Jan. 28 - Feb 1  | $750 |  \_\_\_\_\_\_\_\_\_\_ |
| Conference/Retreat | Feb. 2 - 4 | $875 |  \_\_\_$875\_\_\_ |
| Masai Mara Safari | Feb. 5 - 6  | $830 |  \_\_\_\_\_\_\_\_\_\_ |
| Cultural Exchange Tour | Feb. 7 - 12 | $830 |  \_\_\_\_\_\_\_\_\_\_ |
|  |  | **YOUR TOTAL:** | **$ \_\_\_\_\_\_\_\_\_\_** |

\*\*Single supplement available for Discover Nairobi only; additional $335 USD. Limited availability.

A $500 deposit is necessary to reserve your space for the CSL Kenya 2024 Conference: Heart of Africa.

**Payment options:**

1) **Early Bird Discount** of $100 USD off conference fee if you register and pay a $500 USD deposit by May 31, 2023

2) Payment Plan

* Deposit of $500 USD secures your registration
* Remaining balance can be paid over 4 equal payments

**Payment Schedule**

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| **On registration** | **Deposit of $500 USD** |
| **June 30, 2023** | **1/4th of your remaining balance** |
| **July 31, 2023** | **1/4th of your remaining balance**  |
| **September 30, 2023**  | **1/4th of your remaining balance** |
| **November 30, 2023** | **Final Balance Due**  |

 A late fee of $100 USD will be assessed for payments received after Dec. 1, 2023

**Payments can be made via:**

* PayPal on our website of [CSLKenya.org](http://www.cslkenya.org)
* E transfers to 2024Conference@CSLKenya.org (CANADA ONLY)
* A cheque may be mailed to CSL Kenya, 6311 - 109A Street[, Edmonton, AB Canada T6H 3C6](https://maps.google.com/maps?q=15411%20Deer%20Side%20Rd.%20SE%2C%20%2C%20Calgary%2C%20AB%20T2J%205N1&hl=en&authuser=0)

**PERSONAL DATA FORM:**

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| **First Name:**  | **Last Name:**  |
| **Gender Identification:** | **Minister Practitioner Other (circle one)** |
| **Mailing address:** |
| **City:** | **Province/State:** |
| **Postal/Zip Code:** | **Country:** |
| **Primary Phone #:** | **Mobile #:** |
| **Email address:** |  |

**EMERGENCY CONTACT INFORMATION:**

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |
| **Primary Phone #:** | **Mobile #:** |
| **Email Address:** |

**Would you be interested in volunteering at the conference? Yes No**

Volunteering opportunities will be coordinated closer to the date of the conference.

**Payment Terms & Conditions**

All payments are subject to the conditions of our refund policy once the payment is received. Certain portions of the program fees are refundable depending on the date of the cancellation request. If you choose to withdraw for any reason prior to the program start date, CSL Kenya must be notified in writing.

The refund will be calculated according to the date on which CSL Kenya receives this notification.

Cancellation notice must be sent to 2024Conference@CSLKenya.org. The refund policy is as follows:

* Cancellation notices received by August 31, 2023, 100% of total paid is refundable,
* Cancellation notices received by September 30, 2023, 75% of total paid is refundable,
* Cancellation notices received by October 31, 2023, 50% of total paid is refundable,
* Cancellation notices received after November 30, 2023, total paid is non-refundable

If the balance has not been paid in full at the time of cancellation, the above percentages apply to monies paid as of the date of cancellation.

**Travel Documents and Arrangements:**

It is Participant’s sole responsibility to inquire about and obtain all necessary travel documents, such as

* The participant will be responsible for all travel arrangements to Nairobi, Kenya where they will be met by the CSL Kenya 2024 Conference: Heart of Africa Program team.
* Passports with appropriate expiration date
* Touring Visa with appropriate expiration date (http://evisa.go.ke/evisa.html)
* Mandatory vaccinations (i.e. Yellow Fever). Please check with your local Travel Clinic for appropriate information
* Personal travel insurance

Failure to obtain the necessary travel documents, which may hinder participation in the CSL Kenya 2024 Conference: Heart of Africa Program does not constitute grounds for withdrawal with refund.

**The participant understands and agrees that while the CSL Kenya Group may assist the participant in making travel arrangements by working with or referring the participant to various travel agencies and providers, neither the CSL Kenya Group nor any of its affiliates is a travel agency, and the CSL Kenya Group will not be responsible for any errors and omissions committed by such travel agencies or service providers.**

PHOTOGRAPHY AUTHORIZATION AND RELEASE

I hereby grant permission to the CSL Kenya Group, and its officers, trustees, employees, agents, representatives, successors, licensees and assigns to photograph/video my image, likeness, or depiction and/or that of my minor children (if applicable). I hereby grant permission to edit, crop, or retouch such photographs/video, and waive any right to inspect the final photographs/video. I hereby consent to and permit photographs/video of me and/or those of my minor children to be used for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I understand that the photographs/video may be used with or without associating names thereto. I further waive any claim for compensation of any kind for the use or publication of photographs/video of me and/or those of my minor children (if applicable).

I hereby fully and forever discharge and release the CSL Kenya Group from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs/video of me and/or those of my minor children (if applicable) by CSL Kenya, and covenant and agree not to sue or otherwise initiate legal proceedings against CSL Kenya for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable).

|  |
| --- |
| Signature: |
| Print Name: |
| Date: |
| Name of minor child: |
| Name of minor child: |
| Name of minor child: |

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**ACCIDENT/INJURY LIABILITY WAIVER AND INFORMED CONSENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have agreed to participate in the 2024 Conference: Heart of Africa, an event presented by The Centre for Spiritual Living Kenya (hereafter CSL KENYA) on January 28 – February 11, 2024 in part or in full of any of the planned or unplanned activities.

I hereby assume all of the risks of participating in this event. **Please know that Kenya does not have the same infrastructure as North America or Europe. Some terrain can be treacherous. I accept personal responsibility for my own physical capabilities.**

I understand that CSL Kenya will not be held for any liability and it is my responsibility to have the appropriate medical and travel insurance for traveling to Kenya, Africa.

I acknowledge that my enrollment and subsequent participation is purely voluntary. In consideration of my participation in this program, I hereby release CSL KENYA and its agents from any claims, demands, and causes of action as a result of my voluntary participation both during the specified time of the conference and for any medical issues that arise from my stay in Kenya post conference.

I acknowledge that it is my responsibility to have additional health care coverage for travel outside of my home province, state or country.

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS**.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_