



ADVENTURES OFFSHORE

GROUP MEMBER PERSONAL DETAILS AND CONSENT FORM

TOLKEN, THE LANE, WEST MERSEA, COLCHESTER, ESSEX CO5 8NT

Tel: 01206 385071 Fax: 01206 386716 E-mail: sailing@adventuresoffshore.co.uk

Office use only
BOOKING REF

Invoice no.

Name of Group _____

Date of Cruise _____ **Name of Vessel** Ocean Scout / Offshore Scout

Full Name (Mr/Mrs/Ms/Miss) _____

Address _____

_____ Postcode _____ ☎ Mobile _____

☎ Day _____ ☎ Eve _____ E-mail _____

Age _____ Male / Female Date of birth _____

Details of Responsible Person Ashore to be contacted if necessary

Name _____ Relationship _____

Address _____

☎ Day _____ ☎ Eve _____ ☎ Mobile _____

Special Dietary Requirements

Vegetarian Other (please specify) _____

Medical Conditions (including allergies) and Treatments - please give full details on separate sheet if appropriate

Condition/allergy _____

Treatment _____

Medication _____

Declaration

***This declaration must be signed** by the applicant if aged 18 or over, or by the parent/legal guardian if the applicant is under the age of 18.*

- I hereby give my consent for the person named above to take part in a voyage with Adventures Offshore.
- I have provided details of any medical or other condition which might affect the performance or safety of the applicant or others.
- I consent to the person named above being given emergency medical treatment including the administration of anaesthetic should it be necessary and authorise Adventures Offshore staff to give permission as may be necessary for such treatment to proceed.
- I have read and accept the "Adventures Offshore Notes and Conditions on Booking a Voyage".

Signed _____ Name (block capitals) _____

Date _____ Relationship to applicant _____