



**ADVENTURES OFFSHORE**  
**GROUP MEMBER PERSONAL DETAILS AND CONSENT FORM**  
**Standard Weekend**

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.*

1. I hereby give my consent for the person named above to take part in a voyage with Adventures Offshore.
2. I have provided details of any medical or other condition which might affect the performance or safety of the applicant or others.
3. 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.
4. I have read and accept the "Adventures Offshore Notes and Conditions on Booking a Voyage".

Signed \_\_\_\_\_ Name (block capitals) \_\_\_\_\_  
Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_