

Pitcairn Travel and Xplore Expeditions Forms

PERSONAL INFORMATION

Please print clearly or type. *These forms must be completed in full, and signed where applicable and returned to Pitcairn Travel.*

Name (exactly as it appears on the passport)

(first) (middle) (last)

Full Home Address (do not give PO Box) _____

Postal Code _____ Country _____

Mailing address (if different)

Telephone: Home _____

(country code) (area code) (number)

Business _____

(country code) (area code) (number)

Mobil Telephone _____

(country code) (area code) (number)

Email Address _____

Email address when in Transit _____

Date of Birth _____ Country of Birth _____

(day) (month) (year)

Age _____ Sex _____

IMPORTANT: Passport must be valid for 6 months beyond date of travel.

Passport Number _____

Country of Issue _____

Date of Issue _____

(day) (month) (year)

Expiry Date _____

(day) (month) (year)

Note: Please provide a copy of your passport photo identification page to be submitted with this form

In case of emergency;

Contact: _____

Relationship _____

Full Home
Address _____

_____ Post Code _____

Home Telephone _____
(country code) (area code) (number)

Business _____
(country code) (area code) (number)

Mobil Telephone _____
(country code) (area code) (number)

Do you have any special dietary requirements?(i.e. Vegetarian, Vegan, Food allergies)

What is your first language?

Can you speak any other languages?

Important Health Information: Pitcairn Travel and Xplore Expedition's voyages are intended for people in reasonable good health. By forwarding the deposit payment you certify that you do not have any physical condition or disability that would create a hazard for you or other members of the crew, and this binds you to the terms of the contract with regards refunds and cancellations. Pitcairn Travel and Xplore Expeditions reserves the right to decline, to accept or retain you, or any other client should your health or general deportment impede the operation of the expedition or the right, welfare or enjoyment of the other members of the crew.

MEDICAL INFORMATION

PURPOSE

This expedition/cruise will be travelling to remote areas that will include periods at sea where sophisticated medical facilities are unavailable. Although the vessel has a comprehensive medical kit and the skipper has expedition first aid training, the level of care that can be administered on board can only ever be considered 'first aid.' A communication link to a doctor on shore is possible, but can never be guaranteed. However, by completing the confidential medical report below, if injury or illness should arise during the voyage, the

skipper will have the basic medical history in order to best deal with the situation. This information will be held by the skipper and crew and remains confidential.

These expeditions and cruises are intended for people of reasonable good health and mobility, commensurate with what is considered safe on a small sailing vessel where the possibility of heavy weather may create violent motion as well as the inherent risk of sea sickness. Guests who are not fit for such conditions are advised not to take this expedition/cruise, as this may result in an unacceptable risk to you; may interfere with the enjoyment of the other guests onboard; and may even compromise the completion of the voyage itself. Examples of these conditions include physical disability, frailty or obesity, which severely limit mobility and balance, unstable or severe heart or lung conditions, or poor mental health. Should any such condition become apparent, we reserve the right to decline to accept or retain you at any time during the voyage where disembarkation is possible. Conditions that are considered by your family physician to be stable or controlled by treatment are not necessarily a barrier to your travelling with us.

You are also advised to carry your own regular medications for the voyage in sufficient quantities to last the duration of the voyage plus several days. Bring any incidental medications that you foresee using, i.e. sea sick pills, band aids, lip salves, throat lozenges, aspirin, etc. It is also recommended that you bring at least one course of antibiotics for chest and throat infections.

You are advised that medical evacuation, if available at all, is expensive and may be delayed. The onus of the cost of any evacuation lies solely with you the client, so you must have travel and medical insurance that will reimburse you for this risk.

PART 1 HEALTH STATEMENT

I attest that I am in good general health and mobility, and capable of performing normal activities on this sailing expedition/cruise. I further attest that I am capable of caring for myself during the voyage, and that I will not impede the progress of the voyage or the enjoyment of others aboard. I understand that this expedition/cruise will take me far from the nearest medical facility and that all participants must be self sufficient. I am further aware that an emergency evacuation may be unavailable, expensive and delayed. I understand that the medical facilities and attention available on board are of a 'first aid' nature only.

PART 2 MEDICAL INFORMATION

Name _____

Date of Birth _____

Blood Type (if known) _____

Height _____ Weight _____

1. Please list any current medical conditions, infirmities or disabilities that have required the regular care of a doctor?

- List all medicines that you are taking at this time. Provide the Trade name, the generic name, the dosage, how often you take it and the purpose.

Trade Name	Generic Name	Dose/Strength	Frequency	Purpose
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- Do you have any allergies or sensitivities to drugs (i.e. penicillin) or foods? If yes, please elaborate.

- Have you been hospitalized or had surgery in the last five years? If so, when and what for?

- Do you have any history of mental illness? If yes, please elaborate?

- Are you pregnant? If so, how many weeks pregnant will you be at the time of travel?

- Medical and travel insurance details: Insurance that will cover you for health, sickness and emergency evacuation from a remote area?

Insurance

Company_____

Policy

Number_____

Start and end date of

policy_____

Contact telephone number of insurance

company_____

I certify that I have not been recently treated for, nor am I aware of any medical condition, infirmity or disability that would create an unreasonable risk to myself or pose a hazard to other members of the expedition/cruise.

Name_____

Date of expedition / cruise_____

Signature_____ Date_____

SATELLITE COMMUNICATIONS ON XPLORE

Satellite communications via the Iridium satellite system are available for client's use as per this Communications Agreement which outlines protocols for use and the costs.

PHILOSOPHY

Although we offer the means to communicate via email and voice, it must be understood that clients are encouraged to use this service sparingly. Through our experience, overuse on a personal basis (by up to 8 people) can result in 'communicating with the shore' taking over the cruise/expedition let alone dominating the skipper's time sending and receiving.

SERVICES OFFERED AND COST (in USD)

- Email text sending and receiving using the Iridium system with compression software. COST is \$1.00 for each email sent or received then \$5.75 per 10 KB (approximately 1 A4 page of text), this is calculated on a rolling total of all emails that you "**Send and receive**". Minimum charge per client if used \$5.00 USD. An average small email is normally 2kb.
- Voice connection via the Iridium system. COST \$6.52 USD per minute rounded to the next whole minute
- Email transmission via the Inmarsat C (telex mode, store and forward) as a backup to the Iridium system. COST \$.05 USD (cents) per character including blank spaces, blank lines

All accounts will be kept in a running spreadsheet by the skipper (who is the only one who will transmit and receive) and presented to the client on the last day of the charter. Accounts must be settled before departure in cash, preferably in USD or an equivalent agreed local currency.

THE SET UP FOR COMMUNICATING WITH THE SHORE ON EMAIL

Select a maximum of two email addresses (Please list below) that will be authorized by our ISP that will be the only **incoming** email addresses for you that can reach the vessel. (This could be your PA in your office and/or your family)

Therefore, any other points of contact must be informed that if they wish to send you a message, they must send it to one of those two designated addresses who will then relay it to the vessel.

PLEASE ADVISE YOUR CONTACTS THAT THERE IS A 50 KB LIMIT ON INCOMING MESSAGES (if they exceed that they will receive a rejection notice). This means no pictures and no attachments.

NO GUARANTEES

Because we are in an expedition environment on a sailing vessel operating in remote areas, which implies possible technical breakdown, as well as in some cases being in locations that are 'in shadow' of the satellite signal, we will endeavour, but cannot guarantee that you will

be able to send and receive mails and talk on the telephone at all. Failure to do so will not in any way be grounds for a refund of charter fees.

Email address no. 1 _____

Email address no. 2 _____

RELEASE OF CLAIMS AND WAIVER OF LIABILITY

WARNING: BY SIGNING THIS RELEASE, YOU RESTRICT YOUR RIGHT TO SUE

The undersigned wishes to take part in a sailing cruise with the yacht *Xplore Expeditions* in “any recognized navigable ocean areas”. Hereinafter these areas are referred to as ‘the regions mentioned above.’

The undersigned is aware that to participate as a guest on *Xplore Expeditions* each client must execute and deliver to *Expeditions Unlimited Inc.* (the Operator) a release in the form herein before they will be permitted to embark upon the cruise.

The undersigned is aware that as an adventure traveller in the ‘regions mentioned above,’ he or she will, in addition to the usual dangers inherent in small boat navigation and terrestrial based activities like trekking and climbing as well as scuba diving (when these activities are made available), be exposed to certain additional dangers and risks specific to travel in those regions, including without limitation:

- A. Extreme weather conditions which can change rapidly and without warning.
- B. Exposure to solar radiation which may be more intense than in other parts of the world.
- C. The remoteness of the ‘regions mentioned above’ from any modern facilities - medical conditions that do not normally pose a serious threat to one’s health or safety where medical treatment facilities are readily accessible may be exacerbated by the logistic delays involved in obtaining medical treatment in those regions.

The undersigned acknowledges that the enjoyment and excitement of adventure travel to and within the ‘regions mentioned above’ is derived in part from participation in activities in a remote environment far from the facilities of modern civilization and that the inherent risks of travel in this environment contribute to such enjoyment and excitement.

As a condition of and in consideration for *Expeditions Unlimited Inc.* in permitting the undersigned to participate in the cruise, the undersigned agrees as follows:

1. To assume all of the risks inherent in adventure travel that may result both from participation in the cruise itself, including without limitation the risk of personal

injury, death, loss or damage to person or property and any loss, costs or expenses resulting there from.

2. Except in the case of negligence on the part of the staff of *Xplore Expeditions*, to waive any and all claims of whatsoever kind and nature that the undersigned may now, and in the future have against *Expeditions Unlimited Inc.* and release from all liability and not sue *Expeditions Unlimited Inc.* or any of the vessel's crew, its owners or its representatives (collectively its staff) including its booking agent, Pitcairn Travel, in respect of property damage, and any personal or physical damage or injury.

3. That the undersigned is medically, physically and in all other respects, fit and fully able to participate in adventure travel to the 'regions mentioned above.'

4. That the undersigned is responsible for his or her own medical insurance, life insurance and evacuation coverage as well as for any minor members of a family.

5. That the undersigned enters into this Agreement and has elected to participate in the cruise of his or her own free will.

6. That this Agreement shall be governed by and construed in accordance with the laws of England applicable therein.

The undersigned acknowledges that having read and understood this agreement in its entirety, agrees to be bound by all of the terms hereof and further confirms that this Agreement will be binding on his or her heirs, next of kin, executors, administrators and successors.

Date _____

Full of signature of expedition member

signature of witness

Please print name

please print name

address

address

date of birth

Note: Witness may NOT be a participant in the cruise