

## Crew list, sailing CV and medical declaration

*This information is used to fill out official crew lists as may be required by local and maritime laws, it will also help the skipper to assess the type and duration of planned passages, taking into account expected weather conditions and sea state.*

### Details:

Surname .....

First Name .....

Gender .....

Date of Birth .....

Passport No. ....

Address .....

Address .....

Address .....

Sailing Qualifications .....

Most recent sailing experience .....

Years of sailing .....

Distance of sailing .....

Size of boats sailed .....

Other water sports .....

I hereby declare that my medical history does not interfere with the proposed charter voyage and affirm that I have consulted medical attention regarding prescribed drugs, concerns regarding motion sickness, or any other concerns regarding general fitness necessary for the passages and other activities envisaged hereunder.

I hereby recognize and accept the risk that is inherent in any boating activity, and expressly hold the Company harmless from any injury or loss of life resulting from the use of the Yacht or any of the facilities offered unless solely caused by the Skipper's gross negligence or intentional act.

I hereby declare that I have read and understood the "Skippered Charter Agreement".

I hereby declare that I have read and understood the "General Yacht rules, tips and safety procedures".

Signed ..... Date .....

Name .....

Signature of adult with parental responsibility (if under 18) .....

Each charter member is recommended to have adequate travel insurance.