



Voyage Application and Contract

Please complete form in black pen and BLOCK LETTERS and return to Leeuwin Office.

ADDRESS: PO BOX 1100, Fremantle WA 6959 PHONE: 08 9430 4105 FAX:08 9430 4494 EMAIL: office@sailleeuwin.com

1. VOYAGE DETAILS

VOYAGE NUMBER: 17PP

VOYAGE DEPARTURE DATE: 10 April 2017

2. PRIMARY FAMILY MEMBER DETAILS

GENDER: M F

SURNAME:

FIRST NAME:

ADDRESS:

SUBURB:

COUNTRY:

POSTCODE:

PHONE:

MOBILE:

DATE OF BIRTH:

EMAIL:

ARE YOU OF INDIGENOUS AUSTRALIAN OR TORRES STRAIT ISLANDER DESCENT? YES NO

DO YOU IDENTIFY AS BEING CULTURALLY AND LINGUISTICALLY DIVERSE? YES NO

CAN YOU SPEAK AND UNDERSTAND ENGLISH? YES NO

3. FAMILY MEMBERS ATTENDING

2. SURNAME: FIRST NAME: GENDER: M F DOB:

3. SURNAME: FIRST NAME: GENDER: M F DOB:

4. SURNAME: FIRST NAME: GENDER: M F DOB:

4. FAMILY SHORE CONTACT

Contact person in case of emergency TITLE: MR. MRS. MISS MS

SURNAME:

FIRST NAME:

ADDRESS:

SUBURB:

POSTCODE:

EMAIL:

PHONE:

MOBILE:

RELATIONSHIP TO FAMILY:

5. WESTERN AUSTRALIAN SCHOOL (if applicable)

WHAT SCHOOL DOES YOUR CHILD/REN ATTEND?

WHAT YEAR IS HE/SHE CURRENTLY ENROLLED IN?

DOES YOUR CHILD/REN PLAN TO EARN 5 WACE POINTS? YES NO

CONTACT PERSON:

PHONE

6. TRAVEL ARRANGEMENTS

I understand that participants are responsible for their own transport to and from the ship: YES

7. FAMILY MEDICAL INFORMATION

DO YOU OR YOUR FAMILY HAVE OR HAVE YOU EVER HAD OR BEEN EXPOSED TO THE RISK OF ANY OF THE FOLLOWING CONDITIONS. PLEASE TICK YES OR NO.

Diabetes (specify type 1 or 2)	Y	N	Autism	Y	N
Head injury/concussion	Y	N	Epilepsy/fits/convulsions	Y	N
HIV/AIDS	Y	N	Arthritis or rheumatism	Y	N
Blood disorders/leukemia	Y	N	Anemia	Y	N
Impaired hearing	Y	N	Mental illness (as defined by DSM IV)	Y	N
Hepatitis	Y	N	Heart or circulatory disorder	Y	N
Behavioral problems/ADD/ADHD	Y	N	Tuberculosis	Y	N
Weight control problems	Y	N	Eye disease/visual impairment	Y	N
Physical disability	Y	N	Cerebral Palsy	Y	N
Hemophilia or bleeding problem	Y	N	Osteomyelitis	Y	N
Spinal injury/disorder	Y	N	Allergies (insect bites/drugs)	Y	N
Fainting/blackouts	Y	N	Loss of balance/coordination	Y	N
Speech difficulty	Y	N	Thyroid disorders	Y	N
Impaired movement	Y	N	Abnormal response to heat/cold	Y	N
Kidney or bladder problems	Y	N	Mental disability	Y	N
Memory/attention problems	Y	N	Vertigo or claustrophobia	Y	N
Learning difficulties	Y	N	Asthma/breathing difficulties	Y	N
Hernia	Y	N	Bone or joint Injury	Y	N
Dependence on any substances	Y	N	Any previous aggression issues	Y	N
Are you pregnant?	Y	N	Dietary Requirements or allergies	Y	N
OTHER (provide details)	Y	N			

IF YOU HAVE TICKED YES TO ANY OF THE ABOVE WE WILL REQUIRE MORE INFORMATION INCLUDING SPECIFIC FAMILY MEMBER, EFFECTS OF THE CONDITION, MEDICATION AND MANAGEMENT, LISTED DATES OF CONDITION, INCLUDE WHETHER ANY CURRENT OR PAST CONDITION MAY BE OF CONCERN DURING THE VOYAGE. IF MORE SPACE IS NEEDED PLEASE USE THE FINAL PAGE OF THE APPLICATION.

CONDITION	DETAILS OF WHO HAS THE CONDITION AND ANY OTHER RELEVANT MANAGEMENT ISSUES

	FAMILY MEMBER 1	FAMILY MEMBER 2	FAMILY MEMBER 3	FAMILY MEMBER 4
Swimming Ability	Can swim 50m	Can swim 50m	Can swim 50m	Can swim 50m
Blood Type				
Height				
Weight				

WILL YOUR FAMILY BRING ANY MEDICATION WITH YOU ON THE VOYAGE? IF MORE SPACE IS NEEDED PLEASE USE THE FINAL PAGE OF THE APPLICATION YES NO

If yes please provide reason for medication and details (drug, dosage, administration time, special care):

DRUG	DETAILS OF WHO USES THE MEDICATION AND REASON

***Please note: Medications, for safety and security reasons, can be registered and stored with the Chief Officer for the duration of the voyage**

Will seasickness affect this medication? YES NO

8. MEDICAL PRACTITIONERS CONTACT DETAILS

For certain medical conditions, the Leeuwin's Medical Officer may require further information from your family doctor.

MEDICAL PRACTITIONER'S NAME:

ADDRESS:

SUBURB:

POSTCODE:

STATE:

PHONE:

9. DECLARATION

I, (FULL NAME)

Have read and accept the terms and conditions of this Voyage Contract, including booking, payment and general conditions.

Agree that if my, or the medical condition of the other participants listed on this application changes in any way before joining the ship, I will notify the Leeuwin office.

Authorise a Leeuwin Officer to contact my family Medical Practitioner / Specialist if required.

Give permission for crew/ medical officer to administer First Aid/ medical treatment as necessary on the voyage.

Acknowledge and accept that smoking is prohibited on any voyage.

Acknowledge that I take full responsibility for my own child/ren once onboard the vessel.

Understand that personal insurance is not included in the voyage fare.

Declare all details provided on this form to be true and correct.

SIGNATURE:

DATE:

10. PAYMENT DETAILS

A non-refundable deposit of 25% of the total voyage fare is payable to reserve a berth. If your medical is not approved by the Foundation your deposit will be refunded. Full payment of the voyage is required 60 days prior to departure to confirm your berth.

PAYMENT METHOD (please tick one only):

A) CHEQUE made payable to:
Leeuwin Ocean Adventure Foundation

B) DIRECT DEPOSIT reference your last name and voyage
BANKWEST FREMANTLE: BSB: 306 011 ACCOUNT: 543 933 6

C) CREDIT CARD FULL NAME ON CARD:

TYPE OF CARD: VISA MASTERCARD EXPIRY DATE: /

CARD NUMBER:

I authorise Leeuwin Ocean Adventure Foundation to debit my credit card for the payments as shown below in the payment schedule. SIGNATURE:

PAYMENT SCHEDULE:

25% non-refundable deposit due immediately: \$

Balance of fare due 60 days prior to departure:\$

OTHER FUNDING DETAILS:

Please advise us of any sponsorship or external funding details if applicable

Proudly supported by



Government of Western Australia
Department of Local Government and Communities



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BOOKING, PAYMENT AND GENERAL CONDITIONS

These are the Booking, Payment and General Conditions of Contract (The Contract) applicable to participation by a voyage crew member or passenger (the Participant) on a "Leeuwin" voyage conducted by Leeuwin Ocean Adventure Foundation Ltd (the Foundation).

Contract

The contract is between the Pax and the Foundation and shall be formed on confirmation by or on behalf of the Foundation of the Pax's application and payment of at least the prescribed deposit. If part of a group booking specific terms and conditions for group bookings shall apply.

Pax Fare and Payment

1. The Pax fare shall be the current published fare for the nominated voyage ("the Fare").
2. A non-refundable deposit amount equal to 25% of the Fare shall accompany each reservation.
3. The balance of the Fare is due and payable sixty (60) days prior to the confirmed embarkation date.

Cancellation

4. The Pax may at any time prior to commencement of the voyage cancel the Contract in which case:
 - a) If the cancellation occurs prior to a date sixty (60) days before the embarkation date, the Foundation will retain the non-refundable deposit but shall promptly refund all other monies paid on account of the Fare.
 - b) if the cancellation occurs subsequent to a date sixty (60) days before the embarkation date and prior to a date thirty (30) days before the embarkation date, the Foundation will retain any monies paid on account of the Fare not exceeding in the aggregate an amount equal to fifty per cent (50%) of the Fare.
 - c) If the cancellation occurs within thirty (30) days of the embarkation date, the Foundation will retain the non-refundable deposit and all other monies paid on account of the Fare.
5. The Foundation may at any time cancel the Contract if:
 - a) all monies due are not paid prior to 60 days before the voyage embarkation date and in this case all monies paid by the Pax will be forfeited to the Foundation.
 - b) for any reasonable cause, safety concerns or any unforeseen circumstances affecting the ship or its crew and which arise and are beyond the control of the Foundation and in such case the Pax will be entitled to a full refund of all monies paid.
 - c) prior to embarkation, the medical conditions and other disclosures by the Pax affect the suitability of the Pax to go on a voyage. In such cases the Pax would be entitled to a full refund of all monies paid by the Pax.
 - d) after embarkation the medical condition or behavior of the Pax necessitates that the Pax has to be disembarked from the ship, no refund is applicable.

Transfer

6. Subject to availability, a Pax may transfer to another voyage to a date thirty (30) days prior to original embarkation on the following conditions:
 - a) a \$100 Transfer Fee will apply per transfer.
 - b) the transfer may only be to another voyage of the same or more days.
 - c) the transferred voyage must commence within 12 months of your original voyage embarkation date.
 - d) the transfer is valid for only 12 months and cannot be transferred again.
 - e) Any increase in the fare between the original and transferred voyage will be payable by the Pax.

Health and Fitness

7. A Foundation voyage can be mentally and physically demanding and consequently a reasonable level of physical and mental fitness is required.

On board the Pax shall have the opportunity to be involved in all aspects of operating the ship. This may entail hard physical exercise involving balancing, lifting, pulling and climbing. The Pax may also have the opportunity to be involved in rowing the ship's boats and engaging in shore based activities. To ensure Pax safety and enjoyment it is essential relevant Foundation staff be made aware of any medical or other conditions that may affect the Pax's participation in a Foundation program.

Insurance

8. Although the Foundation has comprehensive insurance coverage, personal insurance is not included in the voyage fare. It is strongly recommended that Paxees arrange their own appropriate insurance.
9. The Foundation maintains comprehensive insurance coverage for the operation of the vessel but shall not be liable in respect of:
 - a) damage to any property or valuables; or the death, injury or sickness of any Pax; howsoever caused.
 - b) any consequential or other loss of any kind arising directly or indirectly from the provision or non provision of the Fare or voyage.
 - c) notwithstanding anything hereinbefore expressed or implied the Foundation shall in any event be entitled to the maximum protection allowed by law in respect of the liability of or any limitation on damages recoverable from the Ship Owners club.

Privacy Act

10. The Foundation recognises the importance of Pax privacy and is committed to protecting Pax personal information. The Foundation's Privacy Policy complies with the Privacy Amendment (Private Sector) Act 2000. A copy of the Foundation's Privacy Policy is available from the Leeuwin office.

Promotional Material

11. The Foundation reserves the right to take photographs or video footage of Paxees on the voyage and use those images for promotional purposes. The Paxees who do not wish for their image to be used must identify themselves to their Watch Leader at the commencement of the voyage.

Voyage Itinerary

12. Every reasonable effort will be made to adhere to the advertised route and timetable but any route or port may be altered or omitted or times or dates changed for any cause which the Foundation and/or Master of Leeuwin (mate) in their absolute discretion shall consider necessary.

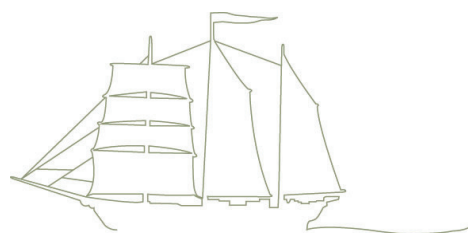
On Board

13. The Pax may not bring on board any goods or articles of a dangerous nature or alcohol or drugs of any kind (other than for personal medication or the treatment or relief of minor personal ailments).
14. All voyages are smoke free i.e.: SMOKING IS PROHIBITED.
15. The Pax agrees that the Foundation, the Master and each other servant or agent of the Foundation, shall have the benefit of all rights and exemptions contained in these conditions.
16. The Master shall have full direction and authority over Paxees during the course of the voyage. Paxees are expected to perform and observe all reasonable and lawful commands or directions of the Master or his delegate and to accept such on board duties as may from time to time be assigned to them by the Master or his delegate. If it appears to the Master that the Pax is for any reason whatsoever unfit to undertake or continue the voyage or likely to endanger his/her health or safety or endanger the health and safety of others on board, then the Foundation and/or Master shall be entitled at any time to take any of the following courses as appear appropriate at the time, namely:
 - a) to refuse to embark the Pax;
 - b) to disembark the Pax at any port, or
 - c) to confine the Pax to a cabin.If they acted as provided in this condition, neither the Master nor the Foundation shall be liable for any damage, loss or expense occasioned to or by the Pax nor shall the Foundation be liable to make any refund of the Fare or part thereof.

17. The Foundation shall in no circumstances be liable in respect of consequential loss or damage, detention, delay or over carriage how so ever caused.

18. Any expenses not covered by the Fare which are reasonably incurred by the Foundation on board or at any port for and on behalf of the Pax for (but not limited to) medical, hospital, surgical or similar treatment, hotel, transport and repatriation expenses shall be payable by the Pax to the Foundation on demand.

19. In making arrangements for carriage by air, road or rail and for accommodation of Paxees, the Foundation acts only as the agent of the Pax and does so on the express condition that no liability of any kind howsoever shall attach to it in connection with or arising out of such arrangements.



Leeuwin Ocean Adventure Foundation

Participant Undertaking

ONE FORM TO BE COMPLETED PER FAMILY

(Please tick the appropriate boxes)

1. On behalf of the _____ family, I _____ understand that:

the STS Leeuwin II is a working ship and all voyage participants will be expected to participate in all voyage activities.

all accommodation and facilities are shared.

2. I understand that I am responsible for ensuring that my family and I:

comply with all instructions issued by the Captain and crew.

attend all musters.

follow all safety protocols.

3. It is my responsibility to ensure that:

My and my family's conduct is appropriate to the confined conditions on the vessel, the shared facilities and the comfort and needs of our fellow voyage participants.

Signature: _____ Date: _____

The Parent Project is a joint collaboration between:

LEEUWIN
Ocean Adventure Foundation

Relationships Australia
WESTERN AUSTRALIA

EXTRA SPACE - PLEASE PROVIDE FURTHER DETAILS OF YOUR MEDICAL CONDITIONS OR MEDICATION BELOW: