

Kangaroo Island Discovery Voyage

5 – 8 April 2018

Name:

Address:

Telephone (Home):..... (Mobile):

Email:

Port Adelaide – Kangaroo Island – Port Adelaide

Boarding: Thursday 5 April 2018

Time: 9am McLaren Wharf, Port Adelaide

Arrival: Sunday 8 April 2018

Time: 3pm McLaren Wharf, Port Adelaide

#Note: Final times will be confirmed prior to departure

Booking Price: \$995pp GST inclusive

Includes meals & accommodation for duration of sailing

Note that the ship is a working vessel and passengers with limited mobility should be aware that access between decks is by "ladders". Accommodation & bathroom facilities are located below the main deck area.

Please complete the attached medical form.

To assist with marketing, please indicate how you heard about the voyage. Thank you.

.....

Booking: 1 @ \$995.00 Total: \$995.00

Method of Payment:

*[] Credit Card Phone 0432 495 603

*[] Direct Debit to Friends of the One and All Sailing Ship Inc.
Account BSB 105 001 Acc. No. 044481940 Bank SA

Payment on with payment identification of

* Forms can be emailed to hello@oneandallship.com.au

Note: Travel Insurance is recommended to cover against any unforeseen circumstances



General Terms and Conditions on STV One & All

1. All passengers agree to behave in a responsible manner when on or in the vicinity of the ship and have due consideration for other passengers and the crew of the ship. Passengers may be refused entry to the ship if they are under the influence of alcohol or drugs.
2. Passengers agree to acquaint themselves with the safety rules of the ship at the safety briefing and obey those rules and any safety directives issued by the crew. Note that passengers will not be permitted to climb the rigging if they have recently consumed alcoholic beverages.
3. Booking Policies
 - (a) Voyage is confirmed on payment of full fee, booking and medical forms.
 - (b) Voyage may be cancelled due to predicted extreme weather conditions or the ship being unexpectedly rendered unfit for sailing. In these cases any booking monies will be refunded in full to the charter group or person who made the booking.
 - (c) If a booking is cancelled by the charterer then the following cancellation fees may apply:

(i) 2 months or more prior to the event	5% of booking
(ii) 1 to 2 months prior to event	20% of booking
(iii) 1 month to 14 days prior to event	50% of booking
(iv) less than 14 days before departure	100% of booking
4. As owner of the vessel, The One and All, the Department of Planning, Transport and Infrastructure (DPTI) and its affiliated entities, neither own nor operate, apart from the crew paid by DPTI, any person or entity which is to, or does, provide goods or services for this trip. Because DPTI does not maintain any control over the personnel, equipment, or operations of these suppliers, DPTI assumes no responsibility for and cannot be held liable for any personal injury, death, property damage, or other loss, accident, delay, inconvenience, or irregularity which may be occasioned by reason of (1) any wrongful, negligent, wilful, or unauthorized acts or omissions on the part of any of the tour suppliers, or other employees or agents, (2) any defect in or failure of any vehicle, equipment, instrument owned, operated or otherwise by any of these suppliers, or (3) any wrongful, wilful, or negligent act or omissions on any part of any other party not under the supervision or control of the Operator.



Medical Information & Consent Form
Kangaroo Island Discovery Voyage
180405 V

Participants Name: Date of Birth:
Gender: [] Male [] Female Age:.....
Address:.....
Suburb: Post Code:
Email: Contact Number:.....

Emergency Contact (for someone not going on the voyage):
Name: Relationship:
Contact Phone No:
Alternative Contact: Relationship:
Contact Phone No:

General Information: (please circle the correct option where applicable)

1. Do you have any special dietary requirements?
(i.e. vegetarian (IF SO PLEASE SPECIFY WHAT YOU ARE ABLE TO EAT), halal, gluten intolerant, food allergies etc) **Yes/No**
Details:.....
.....
2. Do you smoke? **Yes/No**
Do you take recreational drugs?..... **Yes/No**
The One & All is a non-smoking vessel and a non-recreational drug zone,
Do you agree to abide by the non-smoking and a non-recreational drug zone policy? **Yes/No**
3. Swimming ability:
 Not at all Poor Fair Good

Medical Information: (please circle the correct option where applicable)

1. Are you covered by medical benefits? **Yes/No**
If so, what is the name of your fund?

2. Are you covered by an ambulance subscription?..... **Yes/No**

3. Medicare No:.....

4. What is your blood type?

5. Do you suffer from asthma?..... **Yes/No**
Severity:
Prevention:
Treatment:.....
Action Plan Attached:..... **Yes/No**

6. Do you suffer from allergies? **Yes/No**
Please specify:
Severity:
Reaction:
Treatment:.....
Action Plan Attached:..... **Yes/No**

7. Do you take any prescribed or over-the-counter medication? **Yes/No**
Please list each one and what they are taken for:
.....
.....
.....
.....
.....
.....

Will seasickness affect any of the above medication?..... **Yes/No**
Details:
.....

8. Do you have or have you ever had any of the following conditions?

(TICK BOX WHERE APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney/ Bladder problems |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Memory/ attention problems |
| <input type="checkbox"/> Impaired hearing | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Behavioural problems/ADD/ADHD | <input type="checkbox"/> Heart/ Circulatory disorder |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Epilepsy/fits/convulsions | <input type="checkbox"/> Eye disease/ visual impairment |
| <input type="checkbox"/> Anaemia | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Osteomyelitis |
| <input type="checkbox"/> Weight control problems | <input type="checkbox"/> Thyroid disorders |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Abnormal response to heat/cold |
| <input type="checkbox"/> Haemophilia/ bleeding problem | <input type="checkbox"/> Mental disability |
| <input type="checkbox"/> Spinal injury/ disorder | <input type="checkbox"/> Vertigo/ Claustrophobia |
| <input type="checkbox"/> Fainting/ blackouts | <input type="checkbox"/> Bone/ Joint injury |
| <input type="checkbox"/> Speech difficulty | <input type="checkbox"/> Other, e.g.: pregnant |
| <input type="checkbox"/> Impaired movement | |

If you answered yes to one or more of the above questions, or if you have any other past medical, past surgical, past injuries or past psychiatric details that are not noted above,

Please give details:

.....
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.....

If you take medication for any above conditions please list each one and what they are taken for:

.....
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.....
.....
.....
.....

For certain medical conditions, we may need to contact your doctor. Please provide the following details:

Name of Medical GP:
Phone number:
Address:.....
Suburb:..... State:.....
Country: Post Code:

While we will do our best to reasonably accommodate the needs of all passengers, we reserve the right to refuse bookings, or request further medical information from your medical practitioner if we feel that the requirements of the voyage are too demanding for you and/or if local conditions mean we cannot reasonably accommodate you.

Declaration:

I understand the nature of the voyage and the risks in the activity. I have discussed the voyage program with the staff and have clarified any areas of concern prior to signing this consent form.

I have completed the form to the best of my knowledge and have **disclosed all information** that is relevant to my medical and dietary needs for my safety and care while on this voyage.

In case of an emergency I allow for medical assistance by the best available means possible. Any medical and transportation expenses will be my own costs.

The One & All is a sailing vessel, by agreeing with and signing this consent form I am agreeing to participate to the best of my ability in all aspects of the voyage. This includes being part of a watch system, and safety checks under the guidance and command of a ship's officers and crew members.

I also understand that photographic images from the voyage may be used for promotional purposes.

I understand the outline of the voyage.

I have read the information pack.

I have read the terms & conditions.

I have read this consent and I agree.

Name: Signed:

Date:

Note: Travel Insurance is recommended to cover against any unforeseen circumstances