



Leeuwin Ocean Adventure Foundation

ABN: 65 009 105 677

Voyage Contract (Reservation and Medical Details Included)

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

ADDRESS: PO BOX 1100, FREMANTLE WA 6959 PHONE: +61 8 9430 4105 FAX: +61 8 9430 4494 EMAIL: office@sailleeuwin.com

1. VOYAGE DETAILS

VOYAGE NAME: VOYAGE NUMBER:

2. TRAINEE DETAILS

TITLE: MR. MRS. MISS MS

SURNAME: FIRST NAME:

ADDRESS: SUBURB: STATE:

COUNTRY: POST CODE: PHONE:

MOBILE: EMAIL:

AGE AT START OF VOYAGE: YEARS MONTHS DATE OF BIRTH:

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

HAVE YOU SAILED ON THE SHIP BEFORE? YES NO CAN YOU SPEAK AND UNDERSTAND ENGLISH? YES NO

3. SHORE CONTACT

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

SURNAME: FIRST NAME:

ADDRESS: SUBURB: STATE:

COUNTRY: POST CODE: PHONE:

MOBILE: RELATIONSHIP TO TRAINEE:

4. 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 SCHEDULE - please select

A) I WISH TO PAY ENTIRE VOYAGE FARE NOW:

DUE NOW \$

B) I WISH TO PAY VOYAGE FARE IN INSTALLMENTS:

25% NON REFUNDABLE DEPOSIT. DUE NOW \$

FINAL PAYMENT DUE 60 DAYS PRIOR. DUE LATER \$

PAYMENT METHOD - please select

A) CHEQUE:

made payable to Leeuwin Ocean Adventure Foundation

B) DIRECT DEPOSIT: reference your last name and voyage number

BANKWEST FREMANTLE: BSB: 306 011 ACCOUNT: 543 933 6

C) CREDIT CARD: FULL NAME ON CARD:

TYPE OF CARD: VISA MASTERCARD AMEX EXPIRY DATE: CCV:

CARD NUMBER:

I authorise Leeuwin Ocean Adventure Foundation to debit my credit card on the payment as shown above.

SIGNATURE ON CARD:

5. TRAVEL ARRANGEMENTS

You will have to organise your own transport to and from the departure and arrival port, unless the Foundation has organised a charter coach. If a coach is offered, an itinerary will be sent to you to complete and return to the office.

6. YEAR 10, 11, 12 WESTERN AUSTRALIAN STUDENTS

WHAT SCHOOL DO YOU GO TO?

WHAT YEAR ARE YOU CURRENTLY ENROLLED IN?

WHO IS YOUR YEAR COORDINATOR OR TEACHER?

WHAT ARE THEIR CONTACT DETAILS? (email or phone)

7. MEDICAL PRACTITIONER'S CONTACT DETAILS

For certain medical conditions, the Leeuwin's Medical Officer may require further information from your doctor. Please provide your doctor's contact details below.

MEDICAL PRACTITIONER'S NAME:

ADDRESS:

SUBURB:

STATE:

POST CODE:

COUNTRY:

PHONE:

8. MEDICAL INFORMATION

Your booking confirmation is conditional on the Foundations approval of this medical section. Please answer all questions 1 to 8.

1. HAVE YOU EVER ATTENDED AN EDUCATION SUPPORT FACILITY OR SERVICE? YES NO

If yes please provide details:

NAME OF FACILITY OR SCHOOL:

DATES ATTENDED:

CONTACT PERSON:

PHONE:

DO YOU GIVE THE LEEUWIN MEDICAL OFFICER PERMISSION TO CONTACT THE ABOVE: YES NO

2. DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS? YES NO

If yes please provide details:

3. HOW WOULD YOU RATE YOUR SWIMMING ABILITY?

I am unable to swim I am able to swim 50 metres I am able to swim over 50 metres

4. WHAT IS YOUR BLOOD TYPE? (optional)

5. WHAT IS YOUR HEIGHT (CM) ?

6. WHAT IS YOUR WEIGHT (KG)?

7. WILL YOU BRING ANY MEDICATION WITH YOU ON THE VOYAGE? YES NO

If yes please provide details: (drug, dosage, administration time, special care)

Will seasickness affect this medication? YES NO



8. MEDICAL INFORMATION CONTINUED

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

Diabetes (specifically type 1 or 2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Autism	Y <input type="checkbox"/>	N <input type="checkbox"/>
Head Injury/concussion	Y <input type="checkbox"/>	N <input type="checkbox"/>	Epilepsy/fits/convulsions	Y <input type="checkbox"/>	N <input type="checkbox"/>
HIV/AIDS	Y <input type="checkbox"/>	N <input type="checkbox"/>	Arthritis or rheumatism	Y <input type="checkbox"/>	N <input type="checkbox"/>
Blood Disorders/leukemia	Y <input type="checkbox"/>	N <input type="checkbox"/>	Anaemia	Y <input type="checkbox"/>	N <input type="checkbox"/>
Impaired Hearing	Y <input type="checkbox"/>	N <input type="checkbox"/>	Mental Illness (as defined by DSM IV)	Y <input type="checkbox"/>	N <input type="checkbox"/>
Hepatitis	Y <input type="checkbox"/>	N <input type="checkbox"/>	Heart or circulatory disorder	Y <input type="checkbox"/>	N <input type="checkbox"/>
Behavioral problems/ADD/ADHD	Y <input type="checkbox"/>	N <input type="checkbox"/>	Tuberculosis	Y <input type="checkbox"/>	N <input type="checkbox"/>
Weight Control Problems	Y <input type="checkbox"/>	N <input type="checkbox"/>	Eye disease/visual impairment	Y <input type="checkbox"/>	N <input type="checkbox"/>
Physical Disability	Y <input type="checkbox"/>	N <input type="checkbox"/>	Cerebral Palsy	Y <input type="checkbox"/>	N <input type="checkbox"/>
Hemophilia or bleeding problem	Y <input type="checkbox"/>	N <input type="checkbox"/>	Osteomyelitis	Y <input type="checkbox"/>	N <input type="checkbox"/>
Spinal Injury/disorder	Y <input type="checkbox"/>	N <input type="checkbox"/>	Allergies (insect bites/drugs)	Y <input type="checkbox"/>	N <input type="checkbox"/>
Fainting/blackouts	Y <input type="checkbox"/>	N <input type="checkbox"/>	Loss of balance/coordination	Y <input type="checkbox"/>	N <input type="checkbox"/>
Speech difficulty	Y <input type="checkbox"/>	N <input type="checkbox"/>	Thyroid Disorders	Y <input type="checkbox"/>	N <input type="checkbox"/>
Impaired movement	Y <input type="checkbox"/>	N <input type="checkbox"/>	Abnormal response to heat/cold	Y <input type="checkbox"/>	N <input type="checkbox"/>
Kidney or bladder problems	Y <input type="checkbox"/>	N <input type="checkbox"/>	Mental Disability	Y <input type="checkbox"/>	N <input type="checkbox"/>
Memory/attention problems	Y <input type="checkbox"/>	N <input type="checkbox"/>	Vertigo or claustrophobia	Y <input type="checkbox"/>	N <input type="checkbox"/>
Learning Difficulties	Y <input type="checkbox"/>	N <input type="checkbox"/>	Asthma/breathing difficulties	Y <input type="checkbox"/>	N <input type="checkbox"/>
Hernia	Y <input type="checkbox"/>	N <input type="checkbox"/>	Bone or Joint Injury	Y <input type="checkbox"/>	N <input type="checkbox"/>
OTHER (e.g. pregnant)	Y <input type="checkbox"/>	N <input type="checkbox"/>			

9. ADDITIONAL MEDICAL INFORMATION

IF YOU HAVE TICKED YES TO ANY OF THE ABOVE WE WILL REQUIRE MORE INFORMATION SUCH AS EFFECTS OF THE CONDITION, MEDICATION AND MANAGEMENT, LIST DATES OF CONDITION, INCLUDE WHETHER ANY CURRENT OR PAST CONDITION MAY BE OF CONCERN DURING THE VOYAGE. (Attach sheet if required)

10. DECLARATION

I, (TRAINEE'S FULL NAME)

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

YES

Agree that if my medical condition changes in any way, before joining the ship, I will notify the Leeuwin office.

YES

Authorise the Leeuwin Medical Officer to contact my Medical Practitioner or Specialist if required.

YES

Give permission for crew to administer First Aid on voyage.

YES

Acknowledge and accept that smoking is prohibited on any voyage.

YES

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

YES

TRAINEE'S SIGNATURE:

DATE:

For trainees under 18 years of age, a parent or guardian must also sign this declaration.

PARENT OR GUARDIANS SIGNATURE:

DATE:

PLEASE PRINT NAME:

BOOKING, PAYMENT AND GENERAL CONDITIONS

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

Contract

The contract is between the Trainee and the Foundation and shall be formed on confirmation by or on behalf of the Foundation of the Trainee'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.

Trainee Fare and Payment

1. The Trainee 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 Trainee 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 for any cause (including non-payment of any sum due on account of the Fare by the due date of its payment) without further liability to the Trainee provided that the Trainee shall be entitled to a full refund of the Fare less the deposit (which may be retained by the Foundation) where cancellation occurs prior to embarkation on commencement of the voyage. In other circumstances, the Trainee shall not be entitled to a refund or reimbursement of the Fare or any part thereof.

Transfer

6. Subject to availability, a Trainee 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 similar 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 Trainee.

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 trainee 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 Trainee may also have the opportunity to be involved in rowing the ship's boats and engaging in shore based activities. To ensure Trainees safety and enjoyment it is essential relevant Foundation staff be made aware of any medical or other conditions that may affect your participation in a Foundation program .

Insurance

8. Personal insurance is not included in the voyage fare. It is strongly recommended that Trainees arrange their own appropriate insurance.
9. The Foundation shall not be liable in respect of;
 - a) the death, injury or sickness of any Trainee or in respect of or damage to any property or valuables of the Trainee 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 Ship Owners.

Privacy Act

10. The Foundation recognises the importance of Trainee privacy and is committed to protecting Trainee 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 Trainees on the voyage and use those images for promotional purposes. The Trainees 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 in their absolute discretion shall consider necessary.

On Board

13. The Trainee 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 Trainee agrees that the Foundation, the Master of "Leeuwin" ("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 Trainees during the course of the voyage. Trainees 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 Trainee 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 Trainee;
 - b) to disembark the Trainee at any port, or
 - c) to confine the Trainee 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 Trainee 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 Trainee for (but not limited to) medical, hospital, surgical or similar treatment, hotel, transport and repatriation expenses shall be payable by the Trainee to the Foundation on demand.
19. In making arrangements for carriage by air, road or rail and for accommodation of trainees, the Foundation acts only as the agent of the Trainee 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.