



## Cetacean Sanctuary Research

Research cruises focusing on: fin whales,  
sperm whales, Risso's dolphins, striped  
dolphins and other cetaceans of the  
Pelagos Sanctuary

*Ligurian Sea, Italy*

## Booking forms

Tethys Research Institute  
Viale G.B. Gadio 2, 20121 Milan, Italy  
tel. +39 0272001947; fax +39 0239290525  
istituto.tethys@gmail.com [www.tethys.org](http://www.tethys.org)  
<https://whalesanddolphins.tethys.org>

## READ CAREFULLY

- Please, FILL AND SIGN ALL THE FORMS BELOW (a form must be filled per each participant; different individuals, different forms)
- IF YOU PAID VIA BANK TRANSFER, please send the bank transfer slip along with the application forms. If the bank account used for the payment is not on the participant's name, please specify in the bank "reason for payment" the participant's name
- IF YOU HAVE APPLIED FOR A STUDENT DISCOUNT, please provide proof of your student status (e.g., valid student Id).

**WE WILL GET BACK TO YOU AS SOON AS POSSIBLE TO CONFIRM RECEIPT OF THESE FILLED FORMS.**

## Contacts

Tethys office in Milan, Italy

Tel. +39 02 72001947

Open from 2:00 pm to 5:00 pm, Mon - Wed – Fri from October to December

Open from 2:00 pm to 5:00 pm, Mon -Tue – Wed –Thru – Fri from January to September

E-mail address: [istituto.tethys@gmail.com](mailto:istituto.tethys@gmail.com)

## PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

### PLEASE USE CAPITAL LETTERS

Parents or legal guardians of minor children are required to complete this form.

I have booked a place for my son/daughter in CSR cruise/s # \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

My method of payment to the Tethys Institute was (tick one of the following options):

By bank transfer in Euro to "Istituto Tethys ONLUS" (I enclose proof of this transfer; I paid all bank charges).

By credit card and I enclose the payment confirmation email.

### PARTICIPANT INFORMATION

MINOR'S FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ POST CODE \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

TEL. \_\_\_\_\_ / \_\_\_\_\_ MOBILE \_\_\_\_\_

DATE OF BIRTH dd \_\_\_\_\_ /mm \_\_\_\_\_ /yyyy \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

MALE  FEMALE

### PARENT INFORMATION

NAME OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

FULL ADDRESS (if different than Participant) \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

TEL. \_\_\_\_\_ / \_\_\_\_\_ MOBILE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Signature \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_

## CETACEAN SANCTUARY RESEARCH – TERMS & CONDITIONS

I accept that 20% of the expedition participation fee is non-refundable. If I cancel my son/daughter participation (in writing) 30 days, or more, before the start of the expedition, I will be entitled to a reimbursement equal to the amount already paid, minus the 20% of the full fee. I understand and accept that I will not be refunded at all if I cancel my son/daughter participation within 30 days from the beginning of the expedition.

I acknowledge the following regulations:

- 1) in case of expeditions that require a minimum number of participants, and the minimum number of participants cannot be met, and
- 2) in case of a team cancellation due to a technical/logistical problem

the Tethys Research Institute will reimburse the applicants with the full amount paid (no additional reimbursements are foreseen) or, upon request, will try to place applicants in other teams, depending on availability.

Signature \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_

PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

I, the undersigned, being the parent or legal guardian of the minor \_\_\_\_\_ do hereby consent to her/his participation on the Tethys cruise CSR \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

I declare that I have been informed my son/daughter will share confined spaces and the cabin with other people and about the type of activities to be undertaken during my son/daughter participation.

I delegate the skipper of the boat Pelagos as responsible during his/her participation in the course(s)/cruise(s) organized by the Tethys Research Institute.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this parental consent and liability form, I expressly warrant that my son/daughter named above is capable of withstanding both the physical and mental demands associated with Cetacean Sanctuary Research cruise (CSR cruise) for which s/he is registered. I also expressly assume all risks to my child's participation in these CSR cruise, whether such risks are known or unknown to me at this time. In recognition of these risks and realities, and in consideration of my child being offered the opportunity to participate in and benefit from CSR cruise, I agree on behalf of myself and my child to release, waive, and disclaim any and all liabilities of or claims against Istituto Tethys and its legal representatives, all its members and all those responsible or involved in the cruise also in case of an accident or injury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For any dispute concerning the interpretation, application and enforcement of this contract and everything it entails, the court of jurisdiction will be the Court of Justice of Milan, Italy.

I hereby give Tethys Institute and their researchers, the permission to photograph, digitally record, videotape, or audio tape, my above named child while s/he is participating in the Tethys research expedition. I further agree that any or all of the material recorded may be used, in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways, in order to document the activities of the project, shall remain the property of Istituto Tethys

Signature \_\_\_\_\_ Date \_\_\_\_\_

According to the art. 13, del Reg. UE 2016/679 I allow the Istituto Tethys onlus to use my personal data for accounting and statistical analyses only. I also allow the Istituto Tethys onlus to file my data in its mailing lists in order to receive information about Tethys activities

I declare that I have read the Expedition Briefing document in full, and I accept it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I declare that I have read the "CSR-Covid-19-Measures" document in full, and I accept it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I declare that my son/daughter is in good physical and mental health and capable of taking part in the activities described in the "Project Conditions" section of the Expedition Briefing.

I declare that I have informed the Institute of any relevant medical/physical condition at the time of the subscription and that I will inform the Principal Investigator upon his/her arrival at the field base.

**I have read, understood and agreed to all the information above. All releases, authorizations and permission granted above shall remain in effect unless revoked in writing by the undersigned to Istituto Tethys Onlus (istituto.tethys@gmail.com)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Please tick this box if you do NOT wish to receive information from Tethys about its activities and future courses.
- Please tick this box if you do NOT wish that Tethys uses field activities images where your child appears.

**EMERGENCY CONTACT PERSONS**

Please enter the full name and contact details of the people you would like to be contacted in case of an emergency (minimum two). Please take special care to ensure that the telephone numbers entered in this section are accurate. **PLEASE USE CAPITAL LETTERS**

**1) First name and family name**

\_\_\_\_\_

Relationship\_\_\_\_\_

Telephone numbers (country code included) \_\_\_\_\_

**2) First name and family name**

\_\_\_\_\_

Relationship\_\_\_\_\_

Telephone numbers (country code included) \_\_\_\_\_

**3) First name and family name**

\_\_\_\_\_

Relationship\_\_\_\_\_

Telephone numbers (country code included) \_\_\_\_\_

**4) First name and family name**

\_\_\_\_\_

Relationship\_\_\_\_\_

Telephone numbers (country code included) \_\_\_\_\_

DIETARY QUESTIONNAIRE

(Family name and Name) \_\_\_\_\_

In order to respect the food needs of all the people on board, which may be linked to cultural traditions, health problems, or personal choices, please fill in the following food questionnaire.

PLEASE USE **CAPITAL LETTERS** WHERE REQUIRED, OR USE THE CHECK-BOXES

Are you vegetarian?      Yes       No

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Are you vegan?      Yes       No

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Special dietary or specific requirements:

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Allergies:      Yes       No

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Intolerances      Yes       No

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HOW DID YOU HEAR FROM US?

- Google/other search engines (*please specify **keywords** searched*)

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- Other websites/online magazines/blogs (*please specify*)

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- Facebook (Tethys Research Institute, Tethys Research cruises for UNI students, other)

- Twitter

- YouTube/ Vimeo

- Flickr

- E-newsletter

- Word of mouth/personal recommendation/former participants

- Newspapers/magazines (*please specify*) \_\_\_\_\_

- Radio/television feature (*please specify*) \_\_\_\_\_

- Directly from travel agency (*please specify*) \_\_\_\_\_

- Other (*please specify*) \_\_\_\_\_

- I don't remember

- Notes /comments

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