

Cetacean Sanctuary Research

Research cruises on common whales, sperm whales, striped dolphins, Risso's dolphins and other odontocetes of the sanctuary of cetaceans

Ligurian Sea, Italy

Forms and registration

Please read carefully

- PLEASE FILL IN ALL THE FORMS BELOW (one form must be completed for each participant);
- IF YOU HAVE PAID BY BANK TRANSFER please attach THE RECEIPT OF PAYMENT to these forms. If the bank account from which the payment was made is not in the name of the participant, please specify the name of the participant in the reason for payment.
- IF YOU REQUIRE A STUDENT DISCOUNT, please provide a copy of a university document (such as a valid student card).

TETHYS WILL CONTACT YOU AS SOON AS POSSIBLE TO CONFIRM RECEIPT OF THE COMPLETED FORMS

Contacts

Milan Office

For information and reservations call (+39) 02 72001947 or write to the e-mail address: istituto.tethys@gmail.com

Open from 2:00 p.m. to 5:00 p.m. Monday, Wednesday and Friday from October to December Open from 2:00 p.m. to 5:00 p.m. Monday to Friday from January to September

ENTRY FORM - CETACEAN SANCTUARY RESEARCH

PLEASE WRITE IN CAPITAL LETTERS

To be con	npleted by the pare	nts or legal represe	ntative of the minor.		
I/we book	ed a place for the r	ninor			
					in the search cruise
CSR no		from	(DD/MM/YYYY	') to	and the following donation
has been	made:	Euro			
Method of	payment to the Te	thys ONLUS Institu	te:		
	ent by bank transfer nk charges at my exp		nt in the name of "Istitu	ito Tethys ONLUS"	(attaching a copy of the paymen
☐ Payme	ent by credit card .				
<u>Participan</u>	nt details:				
	-	FIRST NAME OF TH	HE .		
	ADDRESS				
	ZIP CODE				
	CITY		PROVINCE _	COUNTRY	,
	TEL/		MOBILE		
	DATE OF BIRTH	11	PLACE OF BIRTH		
Details of	f parents or legal r	epresentative:			
	LAST NAME		NAME		
	ADDRESS				
	ZIP CODE				
			PROVINCE	COLINTRY	
	TAX CODE		110011101	000WIKI	
	EMAIL				
	☐ parent		□ g	uardian/legal re	presentative
and	LAST NAME		NAME		
	ADDRESS				

	CITY_			_ PROVINCE	E COUN	ITRY	
	TAX C	ODE					
	EMAIL						
		parent			guardian/le	egal represe	ntative
					d in the tax re	turn as a dona	ation to an ONLUS. The
If the perso	on mak	the payment ber ing the payment i tituto.tethys@gma	s different from t		<mark>al representati</mark>	<mark>ve, please info</mark>	orm the office for a
		TERMS AND	CONDITION	S – CETA	CEAN SAN	CTUARY F	RESEARCH
days from to percentage	the sta of 20%	rt date of the shift	/departure date, value date, value date, value date, value date date date date date date date dat	we will refund	l an amount ed	ual to the diffe	notice of at least 30 (thirty) erence between the above t date of the shift/departure
 in the eve in the eve the Tethys 0 	ent of re ent of ca ONLUS	ellowing provisions: esearch involving a ancellation of an en Institute will refund eement (no other fo	tire shift for technion	cal reasons	participants to of		
Signature _				Date			
Signature _				Date			
	DISC	CHARGE OF I	LIABILITY – (CETACEA	N SANCTU	ARY RESE	EARCH
	•	as parents or leg					authorise and consent
to the parti	cipatio	n of the above mi	nor in the search	cruise Tethy	s CSR n	from	to
this particip		•	nat the attached	Co-Respons	ibility Agreeme	nt is entered i	nto at the same time as
		HE UNDERSIGNI reviewed the prog		e/Tethys rese	earch project, a	s well as the r	ules of behaviour that the

informative document in the section "Conditions of participation" and to have reported any problems at the time of registration and to communicate these again to the person responsible for the research once arrived at the base of research;

b. that the minor is physically and mentally able to participate safely in the activities described in the

minor will be required to observe;

- c. to be aware of the research program and to have read the information document and the section "Conditions of participation" and to be aware that this program is always susceptible to variations due to climatic, technical and force majeure causes;
- d. to assume full personal responsibility, both civil and criminal, for any event and/or harmful consequences arising from the actions of the minor such as, inter alia, accidents (including death), temporary or permanent invalidity, injuries or diseases, complaints, losses, damage, which may occur in reference to, during and after the activity in question and the research trip;
- e. to authorise the Tethys Institute to provide, in case of necessity and urgency, the necessary medical care, and to agree from now on to reimburse the relevant costs incurred upon request;
- f. to delegate the skipper of the vessel as the person responsible for the minor during the carrying out of the research activities on board the vessel;
- g. that the minor has been fully informed by the undersigned of the modalities, indications and instructions relating to the search journey, has understood them and undertakes to strictly comply with the provisions provided by the accompanying persons and the Tethys Institute, and that the minor is aware that in the event of a breach of the provisions, in particular during the sailing and night periods, liability for accidents or damage to property or third parties shall be borne solely by himself/herself.

THE UNDERSIGNED ALSO EXEMPT:

- a. the Tethys Institute and the accompanying persons, including the skipper, from any responsibility for initiatives taken by the minor outside the instructions given by the skipper and/or the accompanying persons;
- b. the Tethys Institute from any responsibility for any consequences resulting from the minor leaving the vessel without authorisation and/or, the minor leaving the assigned bunk/accommodation during the hours of night rest:
- c. the Tethys Institute from liability for injury or loss to the minor, persons or things caused by the minor's misconduct or by accidental events;
- d. the accompanying persons from all responsibility for events resulting from the possible bad behaviour of the minor and assume responsibility for any damage caused by him/her, individually or in a group;
- e. the Tethys Institute, the skipper, the researchers, the accompanying persons, the external experts and the coordinators, the collaborators of the Institute, the volunteers and all others responsible for the realisation of the research program, from any and all responsibility regarding the minor and his/her property, expressly and irrevocably renouncing all rights, actions or claims and undertaking from now on the obligation of compensation for any damages to anyone or anything caused by the conduct of the minor and in the knowledge that this exemption of liability includes any claim for damages arising from the conduct or omissions of the Tethys Institute, subject to the assumptions provided for in Article 1229 of the Civil Code;
- f. the accompanying persons/organisers from all responsibility for any accidents or injuries related to the performance of the activities and therefore exempt the Tethys Institute from all responsibilities that may arise as a result of participation in the project and in the carrying out of the activity in question, for any damage that may have been suffered by himself/herself or caused to third parties.

Signature	Date
Signature	Date
Olgitature	Datc

We also state that we are aware that our child will share confined spaces with other people and of the nature of the activities that will be carried out there and reserve the right to refuse participation in such activities at any time if we believe that such activities do not provide sufficient safety measures. This right may be exercised by the undersigned even in case of disapproval of vehicles or vessels used for the activities. If we refuse participation to the activities or decide the minor must leave the place of research, we shall not be entitled to any compensation. The undersigned hereby releases the Tethys Institute ONLUS, Viale G.B. Gadio 2, 20121 Milan, Italy, its legal representatives, all associates and research logistics managers from any liability resulting from any inconvenience, accident or illness which may have occurred during participation in the activities in question.

For any dispute concerning and/or arising from the interpretation, application and execution of this contract, the

Court of Milan shall have exclusive jurisdiction. Date _____ Signature Signature Date ____ We authorise the Tethys Institute ONLUS, with its registered office in Milan, Viale G.B. Gadio 2, to use our child's data only for the purposes of accounting and statistical processing. We also authorise the Tethys Institute ONLUS to insert us in its address book to receive information regarding the activities of the Institute. Personal data will be processed in accordance with Regulation (EU) 2016/679. The data processor: Tethys Institute ONLUS with registered office in Milan. Viale G.B. Gadio 2. Signature _____ Date Date Signature _____ We authorise the Tethys Institute ONLUS and/or its successors to use any still or moving images, as well as the name of the minor, and to make audio and video recordings, photographs and the like that portray the child during the participation in the research program, providing our consent to their publication on program communication materials and on Internet websites and social media sites connected to the Institute and in general to use the above material for the production of documentaries and other material with documentary, educational and informative purposes and for Institute communication activities, relieving the Institute from any responsibility inherent to the misuse by third parties of the above images. The present authorisation does not allow the use of the images in contexts which compromise the personal dignity of the minor and in any case for use and/or purposes other than those indicated above. The undersigned confirm that they have nothing to claim for the above and irrevocably waive any right, action or claim arising from the above. Signature _____ Date Date We acknowledge that we have read and understood all the information contained in the "CSR info ita" document and agree to it. Date Date We acknowledge that we have read and understood all the information contained in the "CSR-Covid-19-measures" document and agree to it. Date _____ Date ____ Signature ☐ Mark with X if you do NOT wish to receive information on the activities and offers of the Tethys Institute ONLUS. ☐ Mark with X if you do NOT want the images that take up the research or institutional activities in which your child appears to be used by the Tethys Institute ONLUS.

we expressly authorise the Tethys Institute and accompanying persons to allow the minor, when the boat is docked in port, to leave the boat by himself/herself and to remain in the perimeter of the port of the marina of Portosole once the research activities have been completed and notwithstanding the return on board during the hours communicated from time to time, without the presence of the accompanying persons.

We are aware that the accompanying persons and skipper are not responsible for the minor when he/she leaves the boat.

☐ YES	□ NO		
Signature	Date		
Signature	Date		
We expressly authorise the Tethys Institute and its accompanying persons to allow the minor, when the boat is docked in port, to leave the boat by himself/herself and go outside the perimeter of the port of the marina of Portosole once the research activities have been completed and notwithstanding the return on board during the hours communicated from time to time, without the presence of the accompanying persons. We are aware that the accompanying persons and skipper are not responsible for the minor when he/she leaves the boat.			
YES	□ NO		
Signature	Date		
Signature	Date		
We authorise the minor, when the boat is dock port of docking when accompanied by the acc	red in the port, to leave the boat and to go outside the perimeter or ompanying persons.	f the	
YES	□ NO		
Signature	Date		

CONTACT NUMBERS IN CASE OF EMERGENCY

In case of emergency please indicate <u>at least</u> two emergency numbers and relationship to the minor of persons you wish to be contacted by telephone.

1.	Name and Surname
	Relationship
	Phone number(s)
2.	Name and Surname
	Relationship
	Phone number(s)
3)	Name and Surname
	Relationship
	Phone number(s)
4)	Name and surname
	Relationship
	Phone number(s)

DIETARY REQUIREMENTS

(Name and Surname of	Participant)		
problems or personal ch	oices, please fill in the f	people on board, which may be related ollowing questionnaire. ETTERS OR PLACE AN X WHERE RI	
Are you vegetarian?	Yes	No	
Are you vegan?	Yes	No	
Special dietary requirem	ents:		
Allergies: Details:	Yes	No	
Intolerances	Yes	No	
Details:			

HOW DID YOU HEAR ABOUT US?

Google/other search engines (please specify search keywords used)
Other websites/online articles/blogs (please specify)
Facebook (Tethys Research Institute, Tethys Research cruises for UNI students, other)
Twitter
YouTube/ Vimeo
Flickr
Newsletter via email
Word of mouth
Newspapers/magazines (please specify)
Radio/television (please specify)
Directly from travel agency (please specify)
Other sources (please specify)
Unsure
Notes/comments