

## Cetacean Sanctuary Research

Program of Citizen Science  
on cetaceans of the  
Pelagos Sanctuary

Ligurian Sea, Italy

Registration form for minors

Istituto Tethys ONLUS  
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<https://www.tethys.org>  
<https://whalesanddolphins.tethys.org>

### 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](mailto: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

## PARTICIPANT DETAILS – CETACEAN SANCTUARY RESEARCH

### PLEASE WRITE IN CAPITAL LETTERS

I have booked my participation in CSR cruise/s # \_\_\_\_\_ from \_\_\_\_\_ (DD/MM/YYYY) to \_\_\_\_\_.  
I paid \_\_\_\_\_ Euros (fee for the booked cruise).

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

1. By bank transfer in Euro to "Istituto Tethys onlus" (I enclose proof of this transfer; I paid all bank charges).
2. By credit card and I enclose the payment confirmation email.

FAMILY NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

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

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

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

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

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

MALE

FEMALE

Handwritten Signature \_\_\_\_\_

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

**Please enclose a valid ID card or passport**

## TERMS AND CONDITIONS – CETACEAN SANCTUARY RESEARCH

I accept that 20% of the expedition participation fee is non-refundable. If I cancel my 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 participation within 30 days from the beginning of the expedition.

I acknowledge the following regulations:

- in case of expeditions that require a minimum number of participants, and the minimum number of participants cannot be met, and
- 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.

Handwritten Signature \_\_\_\_\_

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

## DISCLAIMER – CETACEAN SANCTUARY RESEARCH

I the undersigned \_\_\_\_\_, born  
in \_\_\_\_\_, on dd \_\_\_\_/mm\_\_\_\_/yyyy\_\_\_\_\_, resident in  
(city) \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_  
Postcode \_\_\_\_\_,  
declare that I have decided to participate in the Tethys team \_\_\_\_\_(CSR N. ) from \_\_\_\_\_ to  
\_\_\_\_\_ (date), of my own free will.

I also declare that I have been informed to share confined spaces and the cabin with other people and about the type of activities to be undertaken during my participation, and I have the right to quit any of these activities or abandon the research location whenever I feel that such activities may represent a threat to my safety. I have the same right in case I am not satisfied with the quality of the research boat or the field base, and I accept that I will not be entitled to any sort of reimbursement. I accept upon signing this application that the Istituto Tethys onlus, Viale G.B. Gadio 2, 20121 Milano, Italy, and its legal representatives, all its members and all those responsible or involved in the course logistics cannot be held responsible for any inconvenience, accident or incident, or illness I may suffer from during my participation in the team.

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.

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

According to Italian Law (art. 13, D. Lgs. #196/03), I allow the Istituto Tethys onlus to use my personal data for accounting and statistical analyses. I also allow the Istituto Tethys onlus to file my data in its mailing lists in order to receive information about Tethys activities. If during my participation in the field course, I am photographed in order to document the activities of the project, I authorize the use of my image for the institutional purpose only.

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

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

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

I declare that I am in good physical and mental health and I am 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 my subscription and that I will inform the Principal Investigator upon arrival at the field base.

Handwritten 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 you appear.

## CONTACT NUMBERS IN CASE OF EMERGENCY

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

**1. Name and Surname**

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Relationship

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Phone  
number(s)

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**2. Name and Surname**

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Relationship

---

Phone  
number(s)

---

**3) Name and Surname**

---

Relationship

---

Phone  
number(s)

---

**4) Name and surname**

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Relationship

---

Phone  
number(s)

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## DIETARY REQUIREMENTS

(Name and Surname of Participant)

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In order to meet the dietary requirements of all people on board, which may be related to cultural traditions, health problems or personal choices, please fill in the following questionnaire.

PLEASE WRITE IN **CAPITAL LETTERS** OR PLACE AN X WHERE REQUIRED

Are you vegetarian?    Yes                       No

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Are you vegan?                      Yes                       No

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Special dietary requirements:

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Allergies:                      Yes                       No

Details: \_\_\_\_\_

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Intolerances                      Yes                       No

Details: \_\_\_\_\_

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## HOW DID YOU HEAR ABOUT US?

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

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

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- 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*)

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- Radio/television (*please specify*)

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

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

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- Unsure

- Notes/comments

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