



For any Dolphin Safari, organized by the crew and owner of the boat known as *Sea Dream* (registered at the Hamata Harbor of Egypt) we ask you to fill out this declaration on the points regarding your health, safety and liability. Also please express your preferences regarding the food that will be served on board. If you could be so kind - after completing the form - to send it along with your request to be a participant on this trip.

Thank you :)

**Declaration for joining as a retreat-participant / visitor aboard
of the boat 'Sea Dream' (Red Sea Egypt)
from June 13th – to June 20th - 2020**

>> By signing at the bottom of page 5 - you state that you truthfully filled out these forms,
and agree with all of the information on page 1 to 5 <<

Contact details

Full name (as in Passport):

Street:

Zip code:

Nationality (as in passport):

Passport number (obligatory):

Diet Preferences

If you prefer to eat vegetarian, vegan or gluten free, please notify us here and we will inform the kitchen or let you know how we can co-create this for you.

In case you suffer from any (severe) allergies please share them with us here:

If you feel there is anything else, that might be important for us to know from you, please let us know here (such as: if you are suffering from any kind of illness, even if it does not require you to take any medication).

Medication

If you are using any kind of prescript drugs or medication that is absolutely vital for you to bring aboard, please make sure to bring an additional declaration from your doctor. Egyptian authorities may have questions for you regarding this drug. Also be sure to inform this organization before you book this trip and of course; bring enough. We only carry a small first aid kit on board of the ship and are not planning to return to land unless it is a real emergency.

Example of the form you will need from your doctor:

Have your doctor fill out this form in ENGLISH, using the example below- so Egyptian authorities can read every part of it clearly.

Your doctor needs to fill this out:

- **Name of your health insurance company (Naam zorgverlener)**
- **(just for the Dutch) AGB code (Algemene Gegevens Beheer Zorgverleners)**
- **Doctors full address (Volledige adresgegevens arts)**
- **Location and Date of signing (Plaats, Datum van ondertekening)**

Subject:

- **Full name of the patient // Volledige naam patiënt**
- **Date of Birth Patient // Geboortedatum**
- **Passport number // Paspoortnummer**
- **Name of your doctor // Naam arts**
- **Name of your pharmacy // Naam apotheek**

To whom it may concern,

I hereby state that (name patient) suffers from (condition). He/she uses the following prescribed medication to relieve his/her symptoms: (prescribed medicine, international name of the drug, including amount of dose needed daily)

Signature doctor (with or without stamp).

Terms of Refund

If you decide to cancel this trip after booking it:

- The € 333,- deposit is non-refundable. If you cancel *and we are able to fill your space*, we will refund your full deposit less € 100,- processing fee.
- If we are *not* able to fill your space, the organization will refund the entire amount of your € 1.222,- payment, excl your € 333,- deposit, up until 2 months before the trip takes place (Apr 13th, 2020).
- The organization will refund 2/3 rd of the remaining € 1.222,- (€814.-), excl your deposit, up until 6 weeks before the trip takes place (Apr 27th, 2020).
- The organization will refund 1/3rd of the remaining € 1.222,- (€ 407,-), excl your deposit, up until 4 weeks before the trip takes place (May 13th, 2020).
- *No refund* will be given if you decide to cancel within the last 4 weeks prior to the trip.

Liability Release

This agreement releases Wieteke Koolhof (Design4awareness) and any of her co-creators on this trip - from all liability relating to injuries that may occur during the dolphin adventure in Egypt, on board, or on the way to/from, the boat 'Sea Dream' between June 13th 2020 and June 20th 2020. By signing this agreement, I agree to hold Wieteke Koolhof (Design4awareness) entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries were caused by negligence.

Insurance

I hereby declare that I have taken notice of the fact that the organization of this trip strongly recommends me to arrange my own travel- and cancelation insurance.

Health

I declare that I am in a proper state of good physical and mental health and expect to still be so at the time of the above stated trip. I also declare that - if this changes unexpectedly - I will inform the organization of this as soon as possible.

Risks

I also acknowledge the risks involved in **swimming with wild dolphins in the Red Sea of Egypt**. These include but are not limited to; accidentally injuring myself in some way during this (or any other) activity on or off the boat during this trip - or being affected by unexpected or extreme weather conditions. I declare that I am participating voluntarily, and I understand I will need to arrange my own travel- and cancellation insurance, to cover any costs that may need covering in case of the damage or loss of any of my personal properties - or the disturbance or unexpected ending of this trip - if circumstances unfold in such a

way. Additionally, I declare I do not have any medical conditions that will increase my likelihood of experiencing injuries while engaging in this activity. I will make every effort to obey safety precautions as listed in writing and as explained to me verbally aboard and I will ask for clarification when needed.

By signing below I forfeit all right to bring a suit against **Wieteke Koolhof (Design4awareness)** for any reason.

In return, I will receive participation in many fun activities, and countless unforgettable memories during this holiday :)

I, _____, fully understand and agree to all of the above terms.

(Signature Participant)

Date