

THE TALL SHIPS RACES 2010

APPLICATION FORM – GUIDANCE NOTES FOR COMPLETION

Application Deadline

All applications must be submitted or posted to the address below. Applications will be reviewed and evaluated for selection.

Applications should be returned in hard copy to:

PO Box HM 703
Hamilton HM CX

If possible please deliver your application by hand. Call 300 0343 to arrange delivery.

You must submit a covering letter with your application. **This must be handwritten and explain why you have applied and why you think you should be selected.**

Medical Requirements

You will be required to submit a doctor's certificate of health in addition to completing the medical section of the application form.

Contact for Questions

Any questions regarding your eligibility or your application should be addressed to:
paulina.northover@tallships.bm or 296 - 2238 or Paulina at
300 -0343

Voyage and Financial Information

The following voyages are available:

The Tall Ships Races 2010

V1 *Antwerp, Belgium – Aalborg, Denmark 13 July – 21 July*

V2 *Aalborg, Denmark – Kristiansand, Norway 24 July – 29 July*

V3 *Kristiansand, Norway- Hartlepool.UK 1 August – 7 August*

North Sea Tall Ships Regatta

V4 *Hartlepool, UK – Ijmuiden, Netherlands 10 August -19 August*

See www.sailtraininginternational.org for more details

Great Lakes United Tall Ships Challenge Series 2010

V5 *Toronto, Ontario – Cleveland, Ohio 4 July – 7 July*

V6 *Cleveland, Ohio – Bay City, Michigan 11 July – 16 July*

V7 *Bay City, Michigan – Duluth, Minnesota 18 July – 30 July*

V8 *Duluth, Minnesota – Green Bay, Wisconsin 1 August – 13 August*

V9 *Green Bay, Wisconsin – Chicago, Illinois 15 August – 26 August*

See www.sailtraining.org for more details

These above dates represent the days you will be at sea. You should arrive the day before sailing and leave the ship two days after arrival in the port.

Tall Ships Bermuda will also consider for support programs like Class Afloat and Sail Training Vessels doing their own unique Sail Training Voyages.

**TRAINEE APPLICATION FORM – TALL SHIPS RACES
2010**

Please Print Legibly

**APPLICANT INFORMATION – MUST BE ACCOMPANIED BY TWO
PASSPORT SIZED PHOTOS**

Name: _____ Requested Voyage(s): _____

Address: _____

Parish: _____ Zip: _____

State / Prov: _____ Country: _____

Phone: _____(H) _____(W) _____(Cell)

Email: _____ Fax: _____

Sex: _____ Age: _____ DoB: __/__/____ Age on April 10th 2010

(M / D / Y)

(You must be 15 or older)

Can you swim? _____

Do You Smoke: _____ Are you physically fit?: _____

PARENT / GUARDIAN / NOK INFORMATION

Name: _____

Relationship to Trainee: _____

Address: _____

City / Parish: _____ Zip: _____

State / Prov: _____ Country: _____

EMERGENCY PHONE: _____

Email: _____

PASSPORT INFORMATION

Passport Number: _____ Nationality: _____

Place of Issue: _____ Date of Issue: _____

Date of Expiry: _____ Resident of Bermuda?: Y/N _____

If required: Visa Number: _____ Place of Issue: _____ Date of Expiry: _____

TRAINEE MEDICAL / DIETARY INFORMATION

ALL INFORMATION MUST BE GIVEN

Trainee Name: _____

Phone Number Of Emergency Contact: _____

TRAINEE MEDICAL / DIETARY INFORMATION

ALL INFORMATION MUST BE GIVEN

Trainee Name: _____

Phone Number Of Emergency Contact: _____

MEDICAL HISTORY

You must inform Tall Ships Bermuda if your medical conditions change after submitting this application

Please Answer the Following Questions Y or N, providing details if the answer is Y

	YES	NO	DETAILS (if YES)
Do you presently take prescription medication?			
Behavioural Disorders - ADHA / ADD			
Blood borne viruses – HIV / Hepatitis etc			
Blood clotting disorders			
Diabetes			
Epilepsy			
Eating Disorders			
High Blood Pressure			
Haemophilia			
Heart Disease			
Injury or Condition to prevent participation			
Mental Illness			
Bed Wetting			
Asthma			
Special Dietary Requirements			
Allergies requiring medication			
Other Medical Information			
Behavioural Disorders - ADHA / ADD			
Blood borne viruses – HIV / Hepatitis etc			
Blood clotting disorders			
Diabetes			
Epilepsy			
Eating Disorders			
Fainting			
High Blood Pressure			
Haemophilia			
Heart Disease			
Injury or Condition to prevent participation			
Mental Illness			
Bed Wetting			
Asthma			

Special Dietary Requirements			
Allergies requiring medication			
Other Medical Information			

EMERGENCY PERMISSION STATEMENT BY TRAINEE OR PARENT / GUARDIAN

In the case of medical emergency, I acknowledge that every effort will be made to contact or inform my Next of Kin / Legal Guardian, but if such contact is not possible, I authorise whatever services a licensed physician recommends to provide the necessary care for my well-being.

Signature of Trainee

Date: _____

Signature of Parent / Guardian (if Participant under 18)

Date: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy No: _____ Gp Cert No: _____

Expiry Date: _____ Overseas Claim Telephone No: _____

ASSUMPTION OF INHERENT RISK RELEASE / INDEMNITY

Tall Ships Bermuda (TSB), a company limited by guarantee and incorporated in Bermuda and a registered Bermuda Charity, has taken all reasonable steps to place trainees in appropriate vessels participating in Tall Ships Races, engaged in the various activities commensurate with the Race, whether ashore or afloat. These activities (Activities) necessarily carry risks that cannot be eliminated and can result in personal injury, disability or death. TSB does not wish to frighten its trainees, nor to reduce their enthusiasm, **but considers it important for them and their families to appreciate, acknowledge, assume and accept the inherent risks of the Activities.** TSB also requires its participants and families / guardians to provide an appropriate release and indemnity concerning the Activities.

Accordingly, in consideration of TSB admitting the person named below (The Participant) to engage in the Activities, the Participant (and if the Participant is a minor, the parent or legal guardian) **HEREBY AND IRREVOCABLY:**

- (a) appreciates, acknowledges, assumes and accepts the inherent risks associated with the Activities or any matter associated with or forming part of the same.
- (b) releases TSB and each of its members, directors, officers, employees, invitees, volunteers, and agents and likewise those of Sail Training International, the American Sail Training Association, and the ships in which the Participant travels, (together “the Covered Persons”) from any and all liability for any injury or loss of any kind whatsoever suffered by the Participant in connection with the Activities or any matter associated with or forming part of the same.
- (c) Agrees to indemnify and hold harmless TSB and each of the Covered Persons in respect of any liability incurred by any of them in respect of any injury or loss of any kind suffered by the Participant whilst taking part in the Activities or any matter associated with or forming part of the same.

By signing below, you also agree also to abide by the rules of the ship in which you are placed and any orders given by the ship’s master or his designates. Any violation of these rules or disobedience of orders may result in you being dismissed from the ship and you will be liable for any costs involved in your repatriation.

Dated this _____ day of _____, 20 ____

Participant Name

Name of Parent / Guardian

Participant Signature

Parent / Guardian Signature

Witness

Witness

TALL SHIPS RACES 2010

RELEASE FORM FOR PERSONAL INFORMATION, PHOTOGRAPHS AND/OR VIDEO CLIPS TAKEN DURING THE TALL SHIPS RACES

I _____ grant to Tall Ships Bermuda Limited, a
(Print Name)

Bermuda Company limited by guarantee, and a Bermuda registered charity, its representatives and employees (“Tall Ships Bermuda”) the right to allow use of any personal information that I have provided to Tall Ships Bermuda about me, including but not limited to:

- (i) My name
- (ii) My place or parish or origin
- (iii) My gender
- (iv) My age
- (v) My current school or place of employment
- (vi) My career interests
- (vii) Any other information about my background
- (viii) Any information about my involvement ashore and afloat whilst participating in the Tall Ships Races, for the purposes of marketing and promotion of Tall Ships Bermuda and any future tall ships races; and

I further grant to Tall Ships Bermuda the right to use and reproduce photographs or video clips taken of me and my property in connection with my involvement ashore and afloat whilst participating in the Tall Ships Races, irrespective of the ship in which I am placed as a participant.

I authorise Tall Ships Bermuda, its assigns and transferees the right to copyright, reproduce, use and publish in copyrighted form the same information referred to above and any photographs, videos or other media in print and/or electronic form and acknowledge that Tall Ships Bermuda shall own the copyright in any such materials that it produces.

I agree that Tall Ships Bermuda may use such photographs of me with or without my name and any of the information referred to above for any lawful purpose, including but not limited to such purposes as publicity, illustration, advertising and web content.

I have read and understand the above:

Trainee/Participant Name (PRINT)

Date: _____

Signature of Trainee/Participant

I confirm that I am the guardian or the Participant named above and I have read the terms above and agree to them on the Participant's behalf:

Date: _____

Signature of Parent or Guarding (if Participant is under age 18)

Organisation Name (If applicable)

Organisation Address (If applicable)

I SHOULD LIKE TO BE ABLE TO VIEW PICTURES OF MY CHILD'S VOYAGE EXPERIENCE. PLEASE ADD MY EMAIL ADDRESS BELOW TO THE TALL SHIPS BERMUDA FACEBOOK ACCOUNT

OR

I DO NOT WISH my child's photograph to be published for any reason

Date: _____

Signature

Email Address (If applicable)