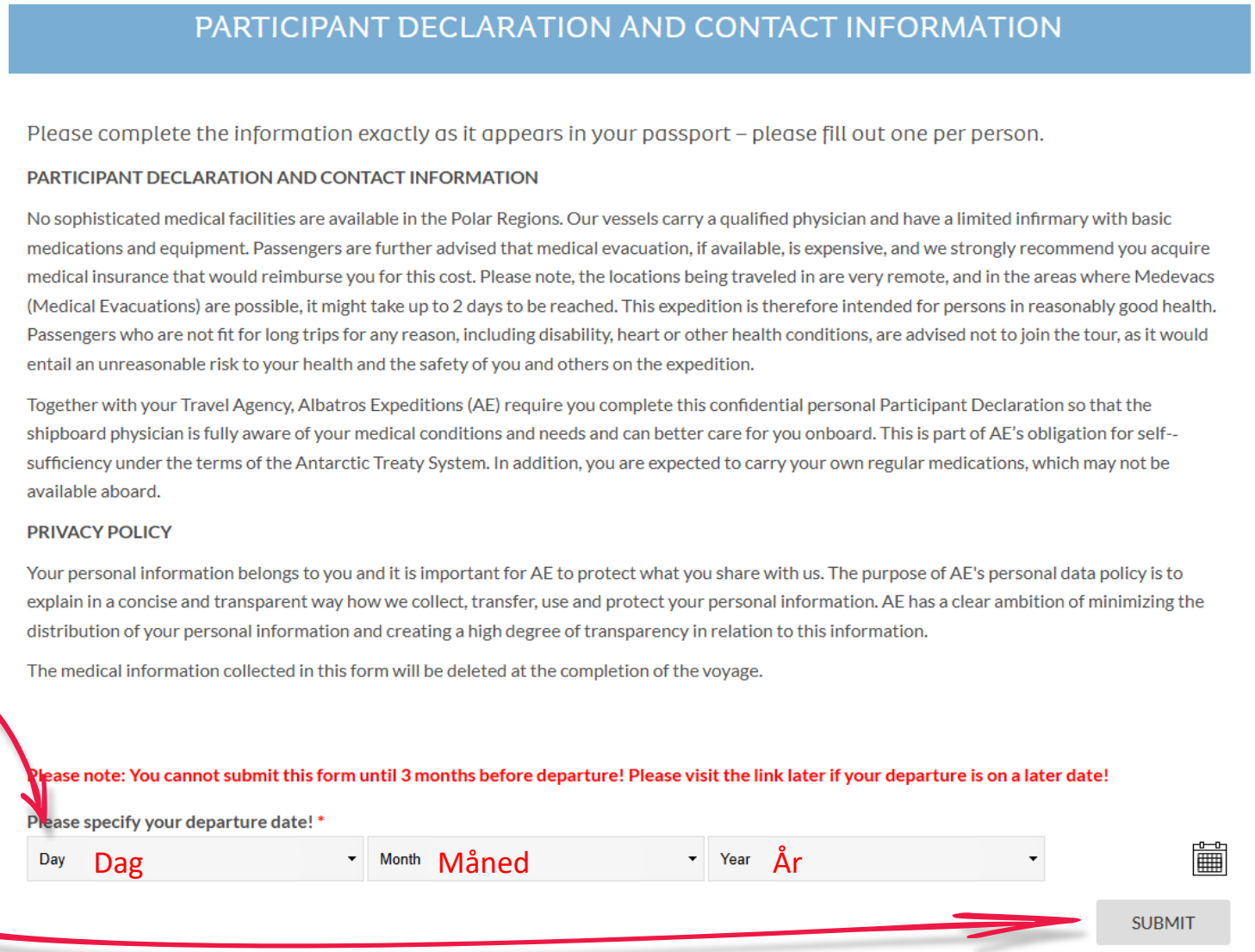
PARTICIPANT DECLARATION AND CONTACT INFORMATION

Du skal udfylde en Deltagererklæring, samt dine kontaktoplysninger i forbindelse med dit krydstogt. Udfyld formularen på engelsk.

Klik her for at udfylde deltagererklæringen:
[Participant declaration and contact information]

Vælg den dato, du går ombord på selve krydstogtet.
Du kan tidligst udfylde den 3 måneder før afrejse.
Tryk ´Submit´ når datoen er valgt.



PARTICIPANT DECLARATION AND CONTACT INFORMATION

Please complete the information exactly as it appears in your passport – please fill out one per person.

PARTICIPANT DECLARATION AND CONTACT INFORMATION

No sophisticated medical facilities are available in the Polar Regions. Our vessels carry a qualified physician and have a limited infirmary with basic medications and equipment. Passengers are further advised that medical evacuation, if available, is expensive, and we strongly recommend you acquire medical insurance that would reimburse you for this cost. Please note, the locations being traveled in are very remote, and in the areas where Medevacs (Medical Evacuations) are possible, it might take up to 2 days to be reached. This expedition is therefore intended for persons in reasonably good health. Passengers who are not fit for long trips for any reason, including disability, heart or other health conditions, are advised not to join the tour, as it would entail an unreasonable risk to your health and the safety of you and others on the expedition.

Together with your Travel Agency, Albatros Expeditions (AE) require you complete this confidential personal Participant Declaration so that the shipboard physician is fully aware of your medical conditions and needs and can better care for you onboard. This is part of AE's obligation for self--sufficiency under the terms of the Antarctic Treaty System. In addition, you are expected to carry your own regular medications, which may not be available aboard.

PRIVACY POLICY

Your personal information belongs to you and it is important for AE to protect what you share with us. The purpose of AE's personal data policy is to explain in a concise and transparent way how we collect, transfer, use and protect your personal information. AE has a clear ambition of minimizing the distribution of your personal information and creating a high degree of transparency in relation to this information.

The medical information collected in this form will be deleted at the completion of the voyage.

Please note: You cannot submit this form until 3 months before departure! Please visit the link later if your departure is on a later date!

Please specify your departure date! *

Day Dag | Month Måned | Year År

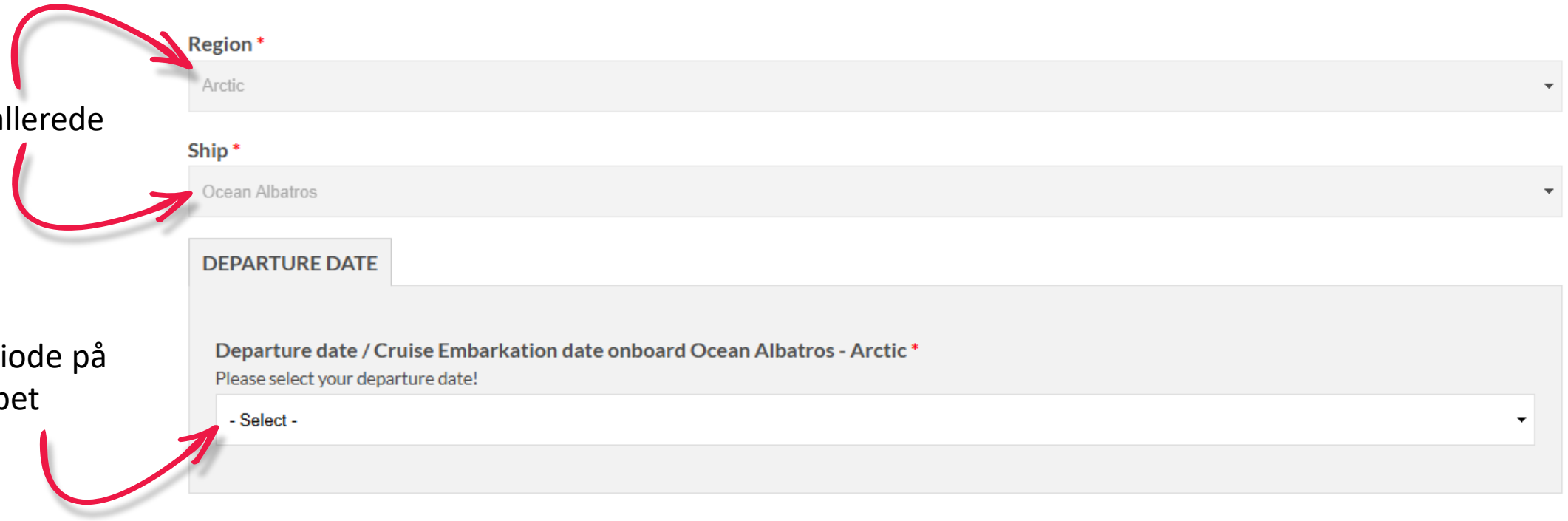
SUBMIT

PARTICIPANT DECLARATION AND CONTACT INFORMATION

Alt med rød ★ skal udfyldes

Region og Ship er allerede valgt for dig

Vælg din periode på krydstogtskibet



PARTICIPANT DECLARATION AND CONTACT INFORMATION

Albatros travel

Alt med rød ★ skal udfyldes

Angiv Albatros Travel

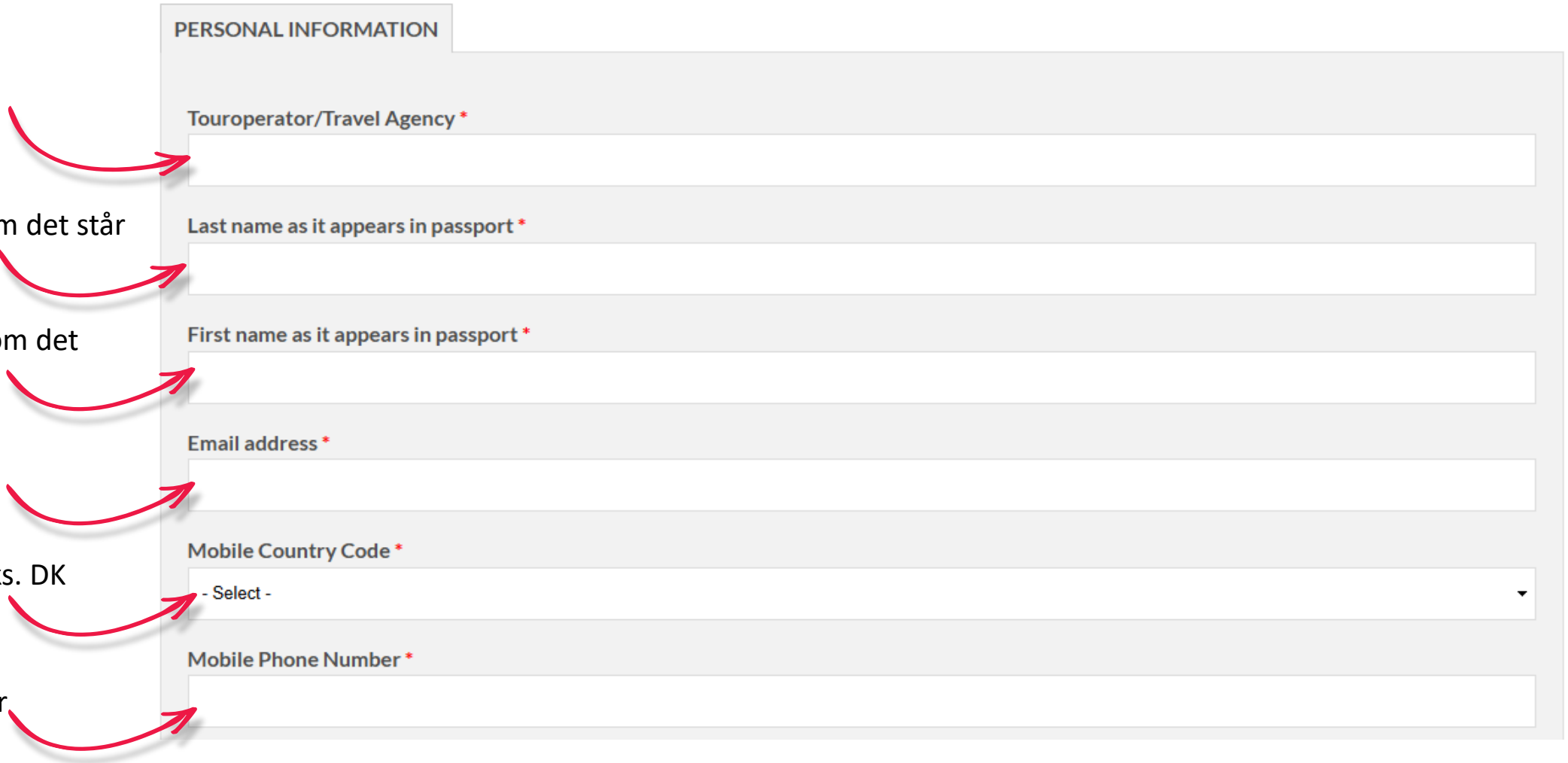
Angiv dit efternavn, som det står skrevet i dit pas.

Angiv dit fornavn(e), som det står skrevet i dit pas.

Angiv din emailadresse

Vælg din landekode (Eks. DK +45)

Angiv dit mobilnummer



PARTICIPANT DECLARATION AND CONTACT INFORMATION

Albatros travel

Male = Mand
Female = Kvinde

Alt med rød ★ skal udfyldes

Vælg dit køn

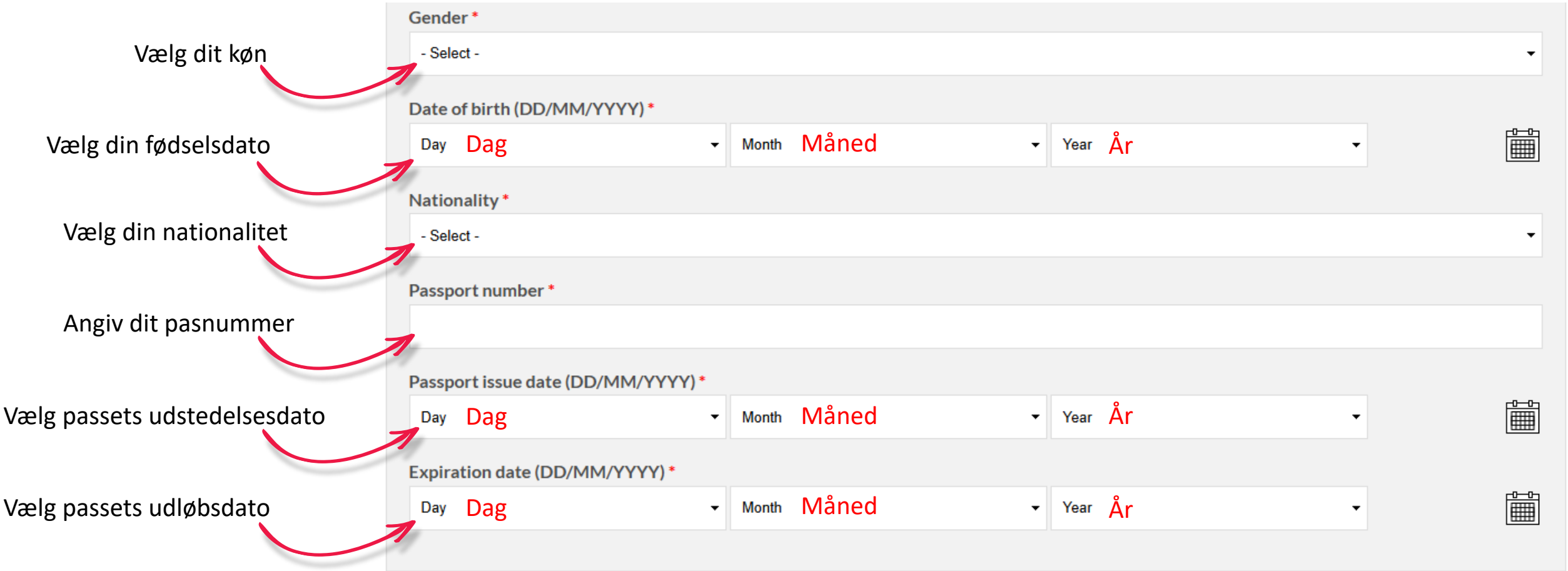
Vælg din fødselsdato

Vælg din nationalitet

Angiv dit pasnummer

Vælg passets udstedelsesdato

Vælg passets udløbsdato



PARTICIPANT DECLARATION AND CONTACT INFORMATION

Alt med rød ★ skal udfyldes

Medicinske oplysninger

MEDICAL INFORMATION

Angiv navnet på dit rejseforsikringsselskab

Travel Insurance Company Name *

Angiv policenummer

Insurance policy number *

Angiv Kostrestriktioner og allergier, hvis du ikke har nogen, tast ´None´

Dietary restrictions and allergies *

Angiv evt. bevægelsesbegrænsninger, hvis ingen, tast ´None´

Mobility restrictions *

PARTICIPANT DECLARATION AND CONTACT INFORMATION

Albatros travel

Alt med rød ★ skal udfyldes

Medicinske oplysninger

Medical Information *

Please declare your prescribed vital medications (Medication name, doses, etc.)

Angiv venligst dine ordinerede livsvigtige medicin (medicinens navn, dosering osv.)
Har du ikke noget, skriv ´None´

Bemærkninger og sygdomme, handicap eller svagheder.

Remarks and Illnesses, Disabilities or Infirmities *

Please declare your existing medical information! (Pre-existing injuries, conditions, etc.)

Angiv venligst dine eksisterende medicinske oplysninger! (Tidligere skader, lidelser osv.)

Jeg erklærer, at jeg er i god generel helbredstilstand og er i stand til at tage vare på mig selv under ekspeditionen.

Traveler's Health Statement *

☐ **Yes**

I attest that I am in good general health, and capable of performing normal activities on this expedition. I further attest that I am capable of caring for myself during the expedition, and that I will not impede the progress of the expedition or the enjoyment of others aboard. I understand that this expedition will take me far from the nearest medical facility and that all travelers must be self-sufficient. With that understanding, I certify that I have not been recently treated for, nor am I aware of, any condition, physical nor psychological, or disability that would create a hazard to myself or other members of the expedition. I also attest that I have adequate travel insurance to cover including medical evacuation, travel interruptions, denied boarding and repatriation.

Jeg erklærer, at jeg vil overholde sikkerheds- og sundhedsprotokollerne ombord på fartøjet ellers kan det føre til afvisning. Positiv test kan medføre karantæne ombord.

Traveler's Agreement to Comply with Safety & Health Protocols *

☐ **Yes**

I attest that I will comply with the Safety & Health Protocols onboard the vessel and understand that not complying may lead to denied boarding, and that a positive test may lead to quarantine onboard.

PARTICIPANT DECLARATION AND CONTACT INFORMATION

Albatros travel

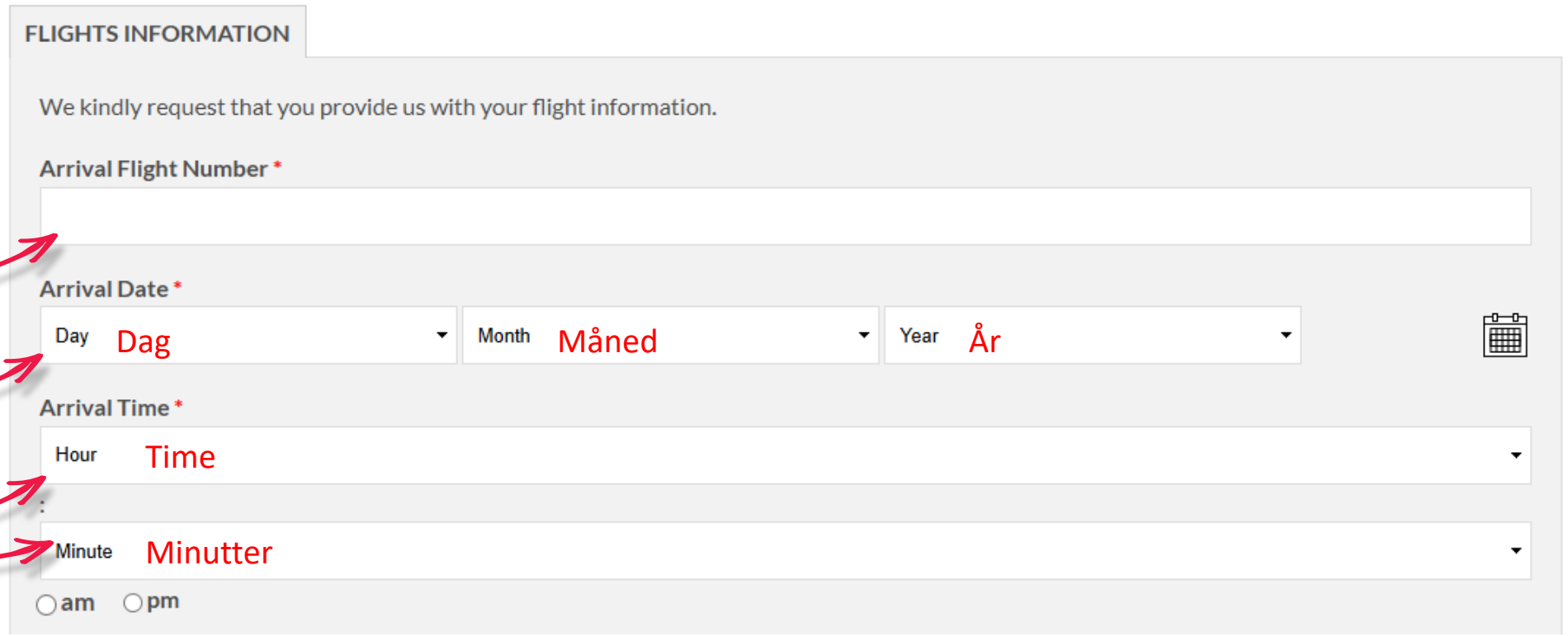
Alt med rød ★ skal udfyldes

Flyinformation

Angiv ankomstflynummer, fra det sidste fly du ankommer med.

Angiv ankomstdato

Angiv ankomsttidspunkt



am = efter midnat
pm = efter middagstid

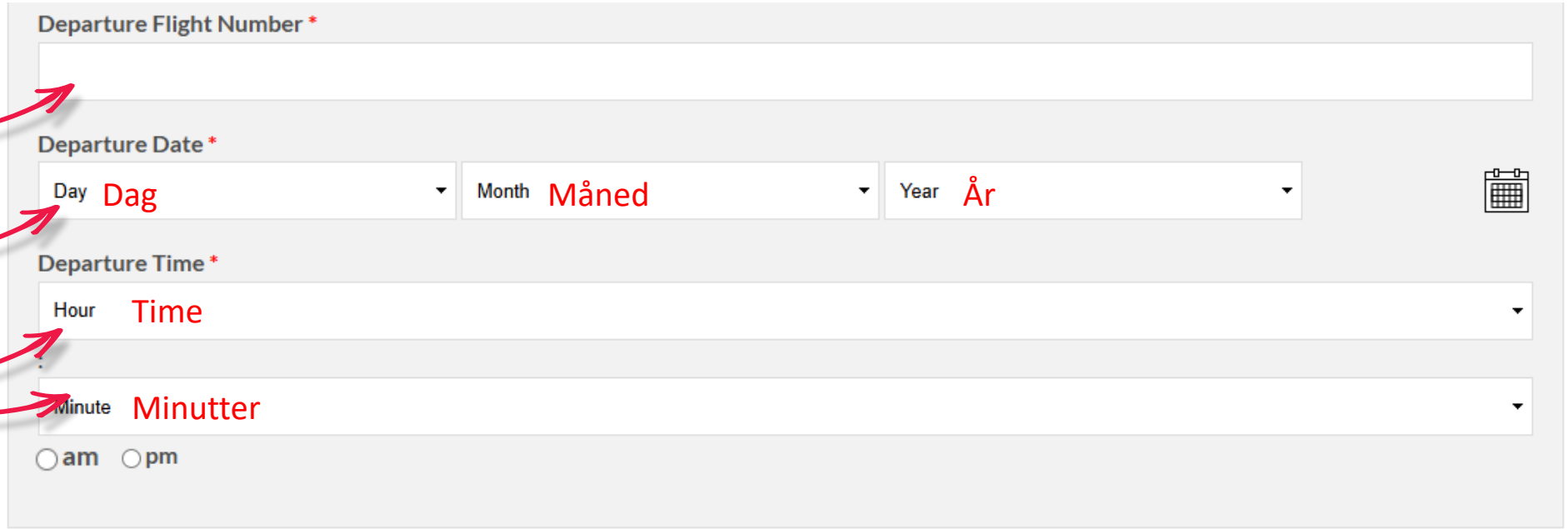
PARTICIPANT DECLARATION AND CONTACT INFORMATION

Alt med rød ★ skal udfyldes

Angiv afrejseflynummer, fra det første fly du flyver hjem med.

Angiv afrejsedato

Angiv afrejsetidspunkt



am = efter midnat
pm = efter middagstid

PARTICIPANT DECLARATION AND CONTACT INFORMATION

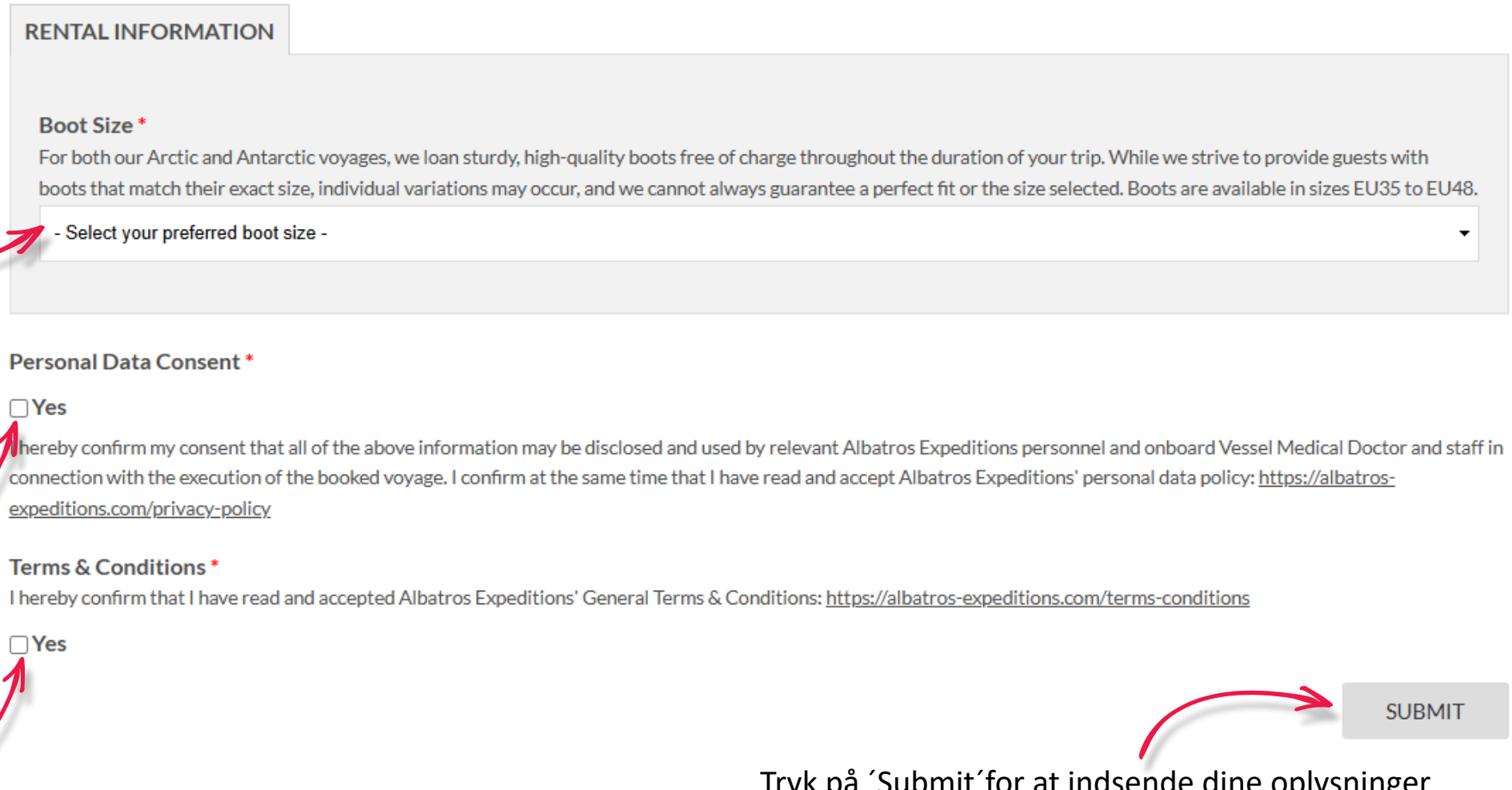
Alt med rød ★ skal udfyldes

Størrelse på støvler

Vælg din foretrukne støvlestørrelse. Størrelser fra 35 til 48 EU

Jeg bekræfter hermed mit samtykke til, at alle ovenstående oplysninger må videregives til og anvendes af relevant personale hos Albatros Expeditions, samt læger og besætningen.

Jeg bekræfter hermed, at jeg har læst og accepteret Albatros Expeditions' generelle vilkår og betingelser.



Tryk på ´Submit´for at indsende dine oplysninger